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COUNTY BOROUGH OF PRESTON.



REPORT
OF THE
Medical Officer of Health
on the Health of the Borough
for the year
1960.

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1961

ANNUAL REPORT, 1960

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INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Easily the most important event in 1960 in the public health world was the coming into operation of the new Mental Health Act. Herein lies the blue print for the application on a nation-wide basis of the newer concepts that have evolved in association with experimentation and research in this and in other countries over the past thirty years or so. The hesitant steps of the Mental Health Treatment Act, 1930, providing for voluntary admission to mental hospitals and consequently, as a necessary corollary, unimpeded discharge have led us into new territories where mental illness is seen in the same category as physical illness and where its treatment and care are expected to follow broadly a similar pattern, where it is recognised increasingly that mental illness can be classified within the category of preventable disease and that efforts for the promotion of better mental health in the community are a responsibility of government both national and local.

Local government with its traditional responsibilities in the fields of disease prevention and health education and in community care has a heavy burden to carry in this reoriented pattern of activity and it is clear that development will go on for some time to come in the light of prevailing circumstances.

The coming into operation of the National Health Service Act, in July, 1948, provided, of course, an opportunity for a reappraisal of existing services and their improvement and expansion and a good deal has been done locally in this respect in the past twelve years. Your medical staff with its long-standing statutory duties under the Education Acts and the Mental Deficiency Acts is well experienced in the ascertainment of mental subnormality and in the treatment and prognosis of persons so afflicted. It has been possible therefore confidently to advise the Committee on the lines of development of the service best suited to this particular need and much progress has been made. A well organised efficiently run junior training centre has existed for about eight years now and you have been advised and have decided to increase the scope of this service by the addition of a nursery wing to take at an earlier age children who will be able, subsequently to advance to the main centre. You have given active encouragement and support to the development of the local voluntary organisation for the care of the mentally handicapped and you have co-operated with that body in the provision of a creche at the old North Road dispensary, and in the establishment during the year under review of a youth club at the Handicapped Persons Centre at Deepdale. You have determined to provide an adult industrial training centre and the erection of this building was about to commence at the close of the year. You have made increasing use of short term residential care for defectives whereby parents have had temporary relief and defectives have enjoyed the pleasures of a seaside holiday.

In the field of mental disorder your medical staff is less adequately equipped in the handling of problems at the specialist level, but nevertheless some progress has been made there also. Full opportunity has been taken to provide the mental welfare

officers with supplementary training and they have been linked up with the psychiatrist at the psychiatric clinics as a result of which an excellent liaison has been established between the hospital and the general practitioner. A psychiatric day club has been established at the Handicapped Persons Centre at Deepdale and the welfare workers report excellent short term results from its operation. Care of the patient in the community is forming an increasingly larger part of the welfare officers' duties and is bound to develop still further. The extension of the club system, the provision of sheltered workshop facilities and the provision of hostel accommodation, especially short stay places for those who need social readjustment in the community before they are fitted to re-enter the family environment, are all projects awaiting their turn for development. The future holds in store much thought, much work and the provision of much money. It also holds the promise of rich rewards. The prime need is for more mental health education, to recognise the existence of mental illness, to seek to give help in the early stages, to accept the mentally ill as we accept the blind and the lame and to tolerate their handicaps.

Work proceeded at varying pace in the different sections of the department largely dictated by availability of trained staff. Slum clearance continues and the campaign for clean air has not abated. Immunisation against specific diseases has occupied the time and attention of many members of your staff, clerks, nurses and doctors alike and the measure of their activities lies in the freedom from these diseases in the town. The supervision of food and the hygiene of shops and restaurants has been pursued.

The care of the aged and of the physically handicapped has proceeded along well established lines to which has been added domiciliary chiropody which is proving a boon.

The successful activities of the Ribble Committee and its staff in bringing each year increasing trade to the Port of Preston have brought in their train a diversification of interest to the port health staff. Particularly is this so in the case of food inspection. Twelve years ago no food stuffs were imported through Preston. Then came the banana and citrus fruit trade, followed by the transporter and trailer services by means of which more and more food is being brought in from Northern Ireland and now from Eire.

1960 was unspectacular locally so far as the public health was concerned, but was a year of solid development in the implementation of the policies which have been from time to time enunciated by the Committee and progress has been made on all fronts.

Nearly all the senior staff of the department have contributed this year to the writing of the body of the annual report and I am grateful to each for his contribution.

J. S. G. BURNETT,
Medical Officer of Health.

Senior Public Health Officers of the Local Authority.

Medical Officer of Health and Port Medical Officer	J. S. G. BURNETT, M.D., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer	R. G. MURRAY, M.B., Ch.B., D.P.H. (appointed 12.5.60)
Assistant Medical Officers and School Medical Officers ...	G. A. McLEAN, M.B., Ch.B., D.P.H. K. DOWLING, M.B., Ch.B. N. RIDEHALGH, M.B., Ch.B. C. D. BAUGH, M.B., Ch.B., M.R.C.O.G. I. M. R. PURDOM, M.B., Ch.B., D.P.H. K. C. PASI, M.B., B.S.
Chest Physician	W. GRIFFEL, M.D. Vienna, L.R.C.P., L.R.C.S., Ed., L.R.F.P.S. Glas.
CLINICIANS UNDERTAKING CON- SULTATIVE WORK—	
Consultant Obstetricians... ..	R. H. J. M. CORBET, F.R.C.S.I., F.R.C.P.I., F.R.C.O.G. W. H. TOD, B.Sc., M.D., F.R.C.O.G.
Consultant Oto-rhino larynologist	J. A. KERSLEY, F.R.C.S., D.L.O.
Consultant Orthopaedic Surgeon...	R. S. GARDEN, M.Ch.Orth., F.R.C.S.
Consultant Paediatrician ...	A. G. HESLING, M.R.C.P., D.C.H.
Consultant Psychiatrist	C. S. PARKER, M.D., D.P.M.
Consultant Orthodontist	F. D. ROWE, L.D.S.
Ophthalmic Surgeons	*D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S. *J. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
Veterinary Officer... ..	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Senior Dental Officer	A. KERSHAW, L.D.S.
Chief Public Health Inspector ...	E. OWEN, M.R.S.H., M.A.P.H.I.
Superintendent Health Visitor ...	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V.'s Certificate.
Non-Medical Supervisor of Mid- wives	Miss D. JOBLING, S.R.N., R.F.N., S.C.M.
Superintendent District Nurse ...	Miss E. ANDERSON, S.R.N., S.C.M., Q.N.

Domestic Help Organiser	...	Miss S. E. DOHERTY.
Speech Therapists	... ..	Miss H. M. KENYON, L.C.S.T. (resigned 28.5.60) Mrs. H. M. INGHAM (nee Kenyon), L.C.S.T. (appointed part-time 8.7.60) (resigned 25.10.60). Mrs. P. A. WIGHT (appointed part-time 29.8.60).
Physiotherapists	... ..	Miss E. B. MANNING, S.R.N., C.S.M.M.G., M.E., L.E.T. (retired 8.5.60). Miss A. R. HARRISON, C.S.M.M.G., M.E., L.E.T. Mrs. E. HERLING, M.C.S.P. (appointed part-time 29.8.60).
Lay Administrative Assistant	...	R. HARRISON, Cert. R.S.I. and S.I.E.J.B. <i>*Part-time.</i>

Committee concerned with Public Health matters.

HEALTH COMMITTEE.

1. The Council hereby refer to the Health Committee, subject to the confirmation of their proceedings by the Council, the duties, powers and functions of the Council in relation to or arising under the following :—

- (a) all matters relating to the health of the borough and the prevention, notification and treatment of disease, not otherwise delegated to this or some other committee of the Council ;
- (b) the superintendence of the department of the Medical Officer of Health (other than those officers mainly attached to services administered by other committees) and the appointment of Public Health Inspectors ;
- (c) the Rag Flock and Other Filling Materials Act, 1951 ; the Fabrics (Misdescription) Act, 1913, the Fertilisers and Feeding Stuffs Act, 1926, the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931, Agriculture (Safety, Health and Welfare Provisions) Act, 1956, the Riding Establishments Act, 1939, and any Orders, Rules, Regulations or Byelaws having effect under any of the said Acts ;
- (d) the provisions of the Nurses Acts, 1957 and the Nurses Registration Act, 1957 ;
- (e) as the Port Health Authority ;
- (f) as the Local Health Authority under the National Health Service Acts.
- (g) Part III of the National Assistance Act, 1948, relating to the provision of residential and temporary accommodation and the provision of welfare services for handicapped persons, Trading Representations (Disabled Persons) Act, 1958 ;

- (h) Part IV of the National Assistance Act, 1948, except the registration of charities for disabled persons ;
- (i) the provision and maintenance of public sanitary conveniences.
- (j) as the local Health and Welfare Authority under the Mental Health Act, 1959.

2. The Council hereby delegate to the Health Committee the duties, powers and functions of the Council arising under or in pursuance of the following provisions and any Orders, Rules, Regulations or Byelaws having effect hereunder :—

- (a) the Diseases of Animals Act, 1950, for the purpose of which the committee shall be the executive committee ;
- (b) the Slaughter of Animals Act, 1958 ;
- (c) the Pharmacy and Poisons Acts, 1852 to 1941 ;
- (d) the provisions of the Public Health Acts and local Acts, so far as they relate to health and sanitary matters, and in particular, but without prejudice to the generality of the foregoing delegation, the following provisions of the Public Health Act, 1936, viz. :—
Sections 39 to 41 ; 44 to 52 ; 56 ; 58 ; 83 to 86 ; Part III ; Sections 124 ; 138 to 141 ; Parts IX and X ; Sections 259 to 261 ; 268 ; 269 and 288.
- (e) the Housing Acts, so far as they relate to insanitary property and overcrowding ;
- (f) Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1937 ;
- (g) the Food and Drugs Acts, 1955 (except Part III) and the Merchandise Marks Acts, 1887 to 1926 ;
- (h) the provisions of the Shops Acts relating to health and welfare ;
- (i) Prevention of Damage by Pests Act, 1949 ;
- (j) the Rivers Pollution Prevention Acts ;
- (k) the Midwives Act, 1951 ;
- (l) the Pet Animals Act, 1951 ;
- (m) the Heating Appliances (Fireguards) Act, 1952.
- (n) Sections 36 and 90 of the Housing Act, 1957, and so much of the Rent Act, 1957, as relates to the issue and cancellation of certificates of disrepair.
- (o) The Clean Air Act, 1956.
- (p) the Offices Act, 1960 ;
- (q) the Oil Burners (Standards) Act, 1960 ;
- (r) Section I of the Noise Abatement Act, 1960 ;
- (s) Part I (except Section 24) of the Caravan Sites and Control of Development Act, 1960.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.**Mental Health Services Sub-committee.**

Duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, and the care and after-care of persons suffering from mental illness or defectiveness.

Domiciliary Services Sub-committee.

Duties relating to the care of mothers and young children, midwifery, health visiting, home nursing, vaccination and immunisation, prevention of illness, care and after-care (except of persons suffering from mental illness or defectiveness) and domestic helps.

Homes, Hostels and Welfare Services Sub-committee.

Duties concerned with the provision of residential accommodation for the aged and infirm and others in need of care and attention, the provision of temporary accommodation for persons in urgent need of such accommodation, and the registration and inspection of disabled persons' or old persons' homes provided otherwise than by the local authority, and with the provision of welfare services for the blind, deaf and dumb, crippled and others suffering from disabilities.

Statistics and Social Conditions of the Area. 1960

Area	...	...	...	...	...	...	...	...	(acres)	6,350
Population (Registrar General's mid-year estimate, 1960)	...	...	...	...	...	...	...	...	...	113,460
										(Census, April 1951—119,250)
Number of inhabited houses, according to Rate books (as at 1.4.60)	...	...	...	...	...	...	...	...	...	37,864
Rateable Value (as at 1.4.60)	...	...	...	...	...	...	...	...	...	£1,431,081
Sum represented by a Penny Rate (Financial year, 1960-61)	...	...	...	...	...	...	...	...	...	£5,920
Total cost of services administered by the Health Committee for the year ending 31st March, 1961:—										
Expenditure	...	...	...	...	...	...	...	...	...	£434,287
Income	...	...	...	...	...	...	...	...	...	£131,559
Net cost	...	...	...	...	...	...	...	...	...	£302,728

*Birth Rate per 1,000 of
population*

			<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Crude Rate</i>	<i>Adjusted *</i> <i>Rate</i>
Live Births	...	...	2,023	1,042	981	17.83	17.83
Legitimate	...	...	1,864	960	904	16.43	16.43
Illegitimate	...	...	159	82	77	1.40	1.40
Number of Still-births : 39.							

Rate per 1,000 total births : 18.17.

Total live and Stillbirths : 2,062

Deaths of Infants under one year of age : 64.

Infant mortality rate per 1,000 live births :

<i>Legitimate</i>	<i>Illegitimate</i>	<i>Total</i>
31	38	32

Deaths of Infants under one month : 41.

Neo-natal mortality rate : 20 per 1,000 live births.

Early Neo-natal Mortality Rate : 17 per 1,000 live births.

Perinatal Mortality Rate : 35.89 per 1,000 Total live and still-births.

Illegitimate live births per cent of total live births : 7.99%.

Number of women dying in or in consequence of child birth :—

<i>Deaths</i>	<i>Rate per 1,000 live and still-births</i>
1	0.49

Deaths—nett : 1,448. Rate per 1,000 population : 12.76 (crude rate)
14.55 (adjusted rate)*.

Percentage of total deaths in hospitals and public institutions : 48.48%

Deaths from Cancer (all ages) : 253

Deaths from Measles (all ages) : Nil.

Deaths from Whooping Cough (all ages) : Nil.

Deaths from Diarrhoea (under 2 years of age) : Two.

Number of Marriages : 981.

* Area comparability factor : Births ... 1.00
Deaths ... 1.14

Table 1.
Comparative Statement of Vital Statistics.
Year 1960.

			Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tub. Diseases	Maternal Mortality Rate (per 1,000 Total Live and Still Births)		
										Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales ...	...	...	17.1	11.5	21.7	19.7	x	*	*	0.31	0.08	0.39
Birkenhead	...	...	17.8	12.9	24.3	23.7	36.2	0.11	—	0.73	—	0.73
Burnley	...	...	15.99	15.83	24.07	26.45	42.33	0.087	—	—	—	—
Bury	...	...	17.56	14.79	13.45	25.28	35.58	0.05	—	—	—	—
Halifax	...	...	16.99	14.45	32.26	20.06	35.87	0.13	—	0.61	—	0.61
Liverpool	...	...	21.15	11.78	28.25	23.07	38.86	0.107	0.004	0.306	—	0.306
Manchester	...	...	18.92	12.42	29.06	25.30	41.01	0.12	—	0.23	0.15	0.38
Preston	...	...	17.83	12.76	31.64	18.17	35.89	0.06	—	—	0.49	0.49
Rochdale	...	...	16.2	14.2	31.0	23.6	38.0	0.10	0.01	—	*0.7	*0.7
Salford	...	...	18.56	12.67	26.75	21.59	36.31	0.13	—	—	0.33	0.33
St. Helens...	...	...	17.47	11.53	39.16	36.72	54.33	0.09	—	0.50	—	0.50
Stockport	...	...	17.23	13.36	33.23	23.24	40.88	0.56	—	—	—	—
Wallasey	...	...	17.88	12.59	24.32	20.13	31.78	0.097	0.019	0.53	—	0.53
Wigan	...	...	16.52	12.04	28.42	19.79	40.32	0.11	—	0.73	—	0.73

* Provisional.

x Not available.

Table 2.
Vital Statistics of whole District during 1960 and previous ten years.

Year	Total Population	Births (Nett)		Total Deaths Registered in the District		Transferable Deaths		Nett Deaths belonging to the District		
		Number	Rate	Number	Rate	Of Non-Residents Registered in the District	Of Residents not Registered in the District	Under 1 year of age	Number	Rate
1950	120,300	2,101	17.46	1,536	12.77	286	300	68	1,550	13.39
1951	118,100	1,962	16.61	1,731	14.66	292	377	68	1,816	15.99
1952	119,200	1,960	16.44	1,439	12.07	292	306	63	1,453	12.67
1953	118,900	1,914	16.10	1,430	12.03	328	252	63	1,354	11.83
1954	118,400	1,823	15.40	1,450	12.25	317	274	50	1,407	12.83
1955	117,400	1,832	15.60	1,503	12.80	355	311	53	1,459	13.42
1956	117,200	1,843	15.73	1,466	12.50	332	315	55	1,449	14.46
1957	116,200	1,933	16.64	1,442	12.41	350	353	67	1,445	14.43
1958	115,100	1,864	16.19	1,534	13.30	394	317	58	1,457	14.56
1959	114,200	1,964	17.20	1,527	13.37	401	283	63	1,409	14.07
1960	113,460	2,023	17.83	1,617	14.25	498	329	64	1,448	14.55

* The death rate has been adjusted in accordance with the area comparability factor supplied by the Registrar General annually.

Area of District in acres (Land and Inland Water)	...	...	Census 1931	Census 1951
Average rooms per occupied dwelling	...	...	4,029	5,684
Average family occupation	...	...	4.47	4.35
Number of families per occupied dwelling	...	...	4.36	4.15
Average size of private family	...	...	1.02	1.05
Average number of persons per room	...	...	3.78	3.24
	...	...	0.85	0.76

Population.

The population of Preston as determined by the census of April, 1951, was 119,250, but the Registrar General's subsequent mid-year estimates have shown a steady and regular downward trend so that his estimate for 1960 is recorded as 113,460. This estimated reduction in population is presumably associated with the fact that the town is for practical purposes built up and reflects the trend of population outward to the surrounding residential areas.

Births.

The birthrate maintained its upward trend with a rate of 17.83 births per 1,000 of the population, the highest birthrate since 1949. This rate is also above the national rate of 17.10.

Table 3.			
Number of Births registered in the various wards.			
Ward			
Estimated Population			
Births			
Rate per 1,000 population			
St. John's	10,860	218	20.07
Avenham	8,930	173	19.38
Central	10,560	193	18.28
Ashton	8,780	167	19.02
Savick	5,900	130	22.03
Tulketh	8,900	106	11.91
Moorbrook	10,020	176	17.56
Park	9,840	167	16.87
St. Matthew's	9,520	163	17.12
Deepdale	8,930	128	14.33
Ribbleton	11,620	221	19.02
Fishwick	9,600	181	18.85
	113,460	2,023	

Deaths.

The total number of deaths referable to Preston was 1,448, giving an adjusted death rate of 14.55 per 1,000 population. Both figures show a slight increase over 1959, but this is of no significance when the fluctuations over the past 50 years are observed.

Deaths from carcinoma of the lung and bronchus at 68 were the same as for 1959, but show a marked increase as compared with 1950, when 27 deaths from this cause were notified.

Coronary disease and angina with a total of 277 deaths, an increase of 24 over 1959 and 108 over 1950, caused the greatest number of deaths by a considerable margin, and is by far the greatest killer of middle-aged men aged from 45 to 65 years. It caused the deaths of more men in this age group than in any other even among the older age ranges. The number of men killed in this group, 69, is more than double that claimed by its nearest rival, cancer of the lung and bronchus with 34.

In addition to those who die, large numbers are to a greater or lesser extent crippled by disease of their coronary arteries.

Surely here is evidence that men in their middle years are in more need of help, advice and study from the medical profession and the social services, than many other groups who are at the present time accorded priority.

The infant mortality rate at 32 per 1,000 remains obstinately at or about the figure which has obtained since 1950, while in the same period the national rate has fallen from 29.8 to 21.7 per 1,000. Looking at the causes of death for infants under one year it is found that pneumonia killed eight, gastritis, enteritis and diarrhoea two, and accidents three, a total of 13 deaths out of 64, some of which should have been preventable by better general child care. In this connection it is as well to remember that the prime responsibility lies with the parents and not with any outside authority.

Congenital malformations caused 17 deaths and with the advance of medical science it is to be hoped that in future some at least of these will become amenable to preventive measures.

In the general population motor vehicle accidents killed 28 people, and other accidents caused 35 deaths. I have absolutely no doubt that most of these could have been prevented by more care being exercised by one or more individuals at the material time.

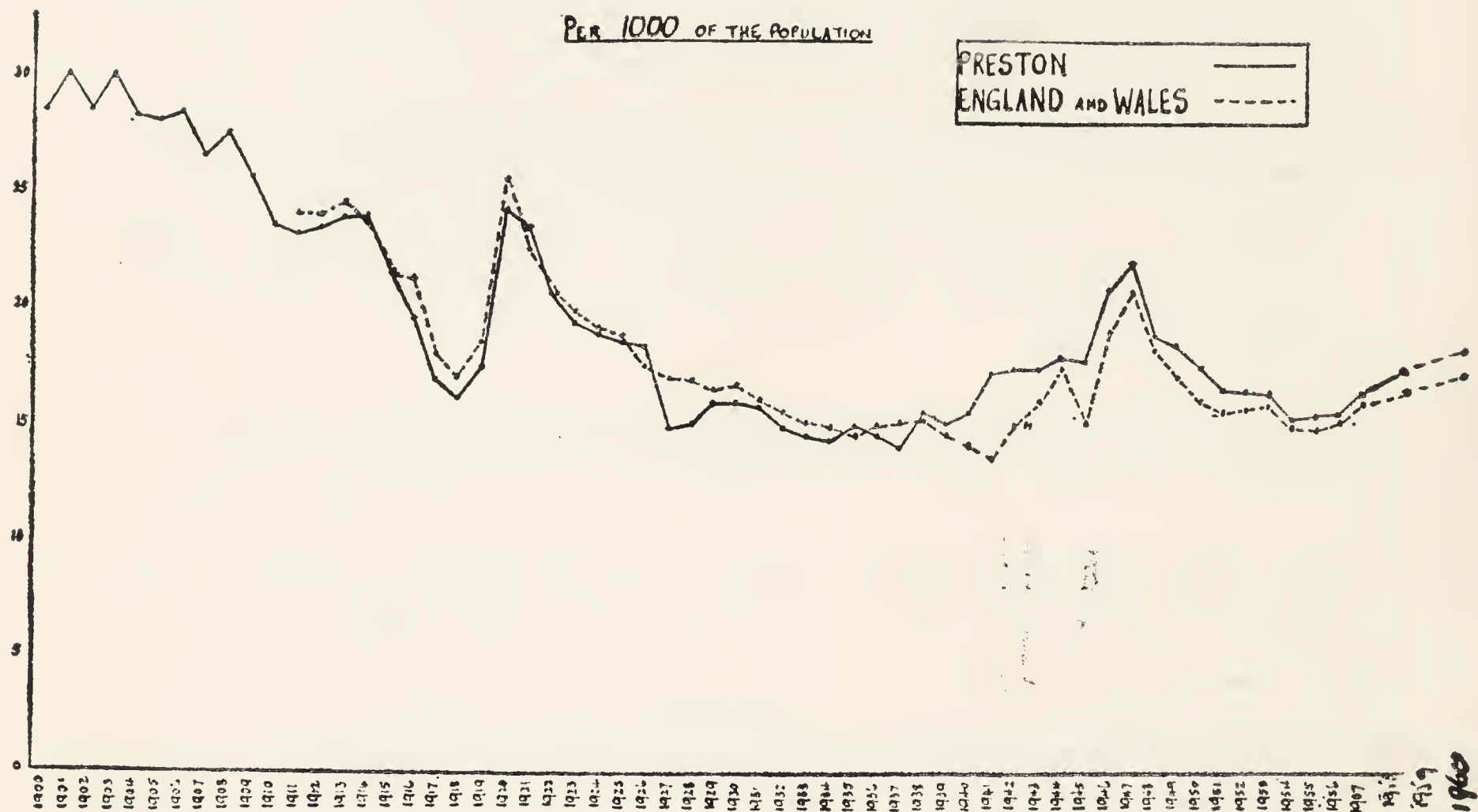
Suicides numbered 24 which is the second highest total in the last 10 years when the average has been 16.4. It is a dreadful thought that 24 human beings found life so unbearable in our welfare state that they killed themselves. There must be room for preventive mental health here.

On a happier note, perhaps the greatest triumphs of preventive medicine can be seen in the common infectious diseases of childhood where no deaths were recorded, the nil returns paying mute but effective testimony to the immunising campaigns against diphtheria, whooping cough and poliomyelitis, to the increasing efficiency of modern medical treatment, and to all round improvements in environmental conditions.

BIRTH RATE 1900-1960

PER 1000 OF THE POPULATION

PRESTON
ENGLAND AND WALES



DEATH RATE 1900-1960

(PER 1000 POPULATION)

PRESTON THE DEATH RATE FROM 1934-1940 & FROM 1949 ONWARDS HAS BEEN ADJUSTED IN ACCORDANCE WITH THE AREA COMPARABILITY FACTOR.

ENGLAND & WALES

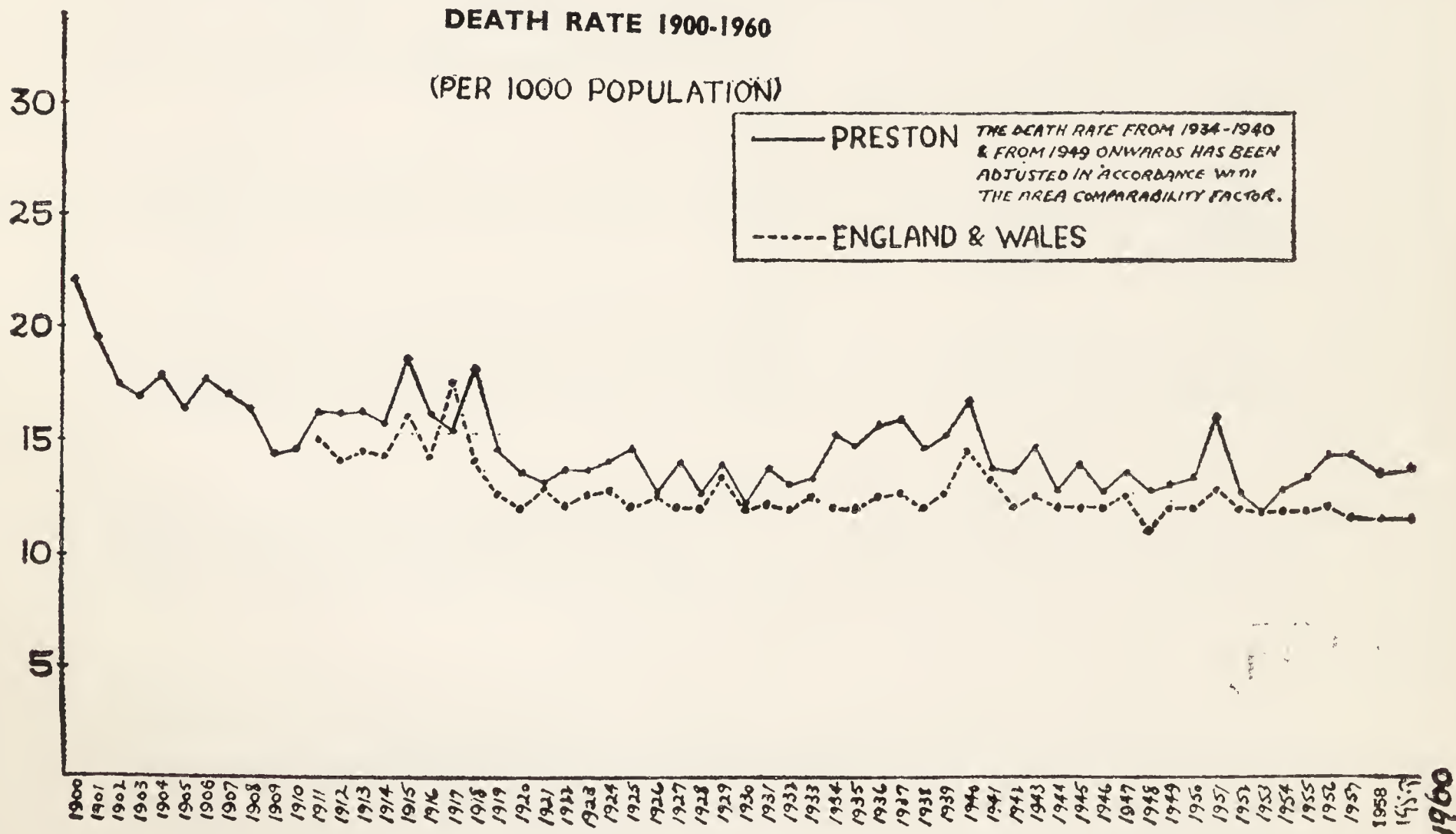


Table 4.
Causes of Death—arranged according to sex and age.

	0—		1—		5—		15—		25—		45—		65—		75—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	1	—	4	—	1	1	—	—	6	1
2. Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	3	—	1	1	—	—	4	1
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant, neoplasm, stomach ...	—	—	—	—	—	—	—	—	—	1	10	5	8	2	6	9	24	17
11. „ „ lung, bronchus	...	...	...	...	...	...	...	...	3	1	34	7	17	1	5	—	59	9
12. „ „ breast ...	—	—	—	—	—	—	—	—	—	2	—	9	—	10	—	3	—	24
13. „ „ uterus ...	—	—	—	—	—	—	—	—	—	2	—	8	—	2	—	3	—	15
14. Other malignant and lymphatic neoplasm ...	1	—	—	—	1	1	—	—	2	1	21	12	13	21	17	9	55	44
15. Leukaemia, aleukaemia ...	—	—	2	—	1	—	—	—	1	—	—	—	1	1	—	—	5	1
16. Diabetes ...	1	—	—	—	—	—	—	—	1	—	—	1	1	1	2	—	4	4
17. Vascular Lesions of nervous system	—	—	—	1	—	—	—	—	2	2	16	22	26	38	35	70	79	133
18. Coronary disease, angina ...	—	—	—	—	—	—	—	—	5	1	69	13	51	36	46	56	171	106
19. Hypertension with heart disease ...	—	—	—	—	—	—	—	—	—	—	6	3	2	6	3	9	11	18
20. Other heart disease ...	1	1	—	—	—	—	—	—	2	3	14	19	8	21	36	66	61	110
21. Other circulatory disease ...	—	—	—	—	—	—	1	—	—	1	6	4	8	12	18	21	33	38
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	2	3	2
23. Pneumonia ...	5	3	—	1	—	—	—	—	2	—	11	5	7	4	6	8	31	21
24. Bronchitis ...	—	—	—	—	—	—	—	—	2	—	18	5	32	8	12	18	64	31
25. Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	7	1	2	—	1	1	10	2
26. Ulcer of stomach and duodenum ...	—	—	—	—	—	—	—	—	—	—	2	1	5	2	3	3	10	6
27. Gastritis, enteritis and diarrhoea ...	1	1	—	—	—	—	—	—	—	—	1	3	1	—	—	1	3	5
28. Nephritis, nephrosis... ..	—	—	—	—	—	—	—	—	1	—	4	—	—	2	1	—	6	2
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
31. Congenital malformations ...	10	7	—	1	—	1	—	—	1	—	1	1	1	—	—	—	13	10
32. Other defined and ill-defined diseases ...	15	15	1	—	1	1	2	—	—	4	10	15	8	4	8	22	45	61
33. Motor vehicle accidents ...	—	—	—	—	2	—	4	1	6	—	6	2	—	3	2	2	20	8
34. All other accidents ...	2	1	...	...	...	...	2	...	2	1	4	1	2	1	6	13	18	17
35. Suicide ...	—	—	—	—	—	—	1	2	1	1	8	3	1	3	3	1	14	10
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	36	28	3	3	5	3	10	3	32	21	255	140	198	180	212	319	751	697
	64		6		8		13		53		395		378		531		1448	

Table 5.
Deaths in Hospitals and Institutions.

	M	F	Total
Preston Royal Infirmary...	149	108	257
St. Joseph's Hospital ...	30	58	88
Ribbleton Hospital ...	5	1	6
Isolation Hospital...	8	17	25
Willows Convalescent Home ...	5	—	5
Sharoe Green Hospital ...	124	106	230
Hospitals, other, outside the area ...	42	49	91
Total ...	363	339	702

The figure of 702 deaths in hospitals and institutions represents 48.48% of the total deaths.

Table 6.
Deaths in the various wards.

	St. John's	Avenham	Central	Ashton	Savick	Tulketh	Moorbrook	Park	St. Matthew's	Deepdale	Ribbleton	Fishwick	Totals
Percentage of Total Population ...	9.57	7.87	9.31	7.75	5.2	7.84	8.83	8.67	8.39	7.87	10.24	8.46	
Under 1 year ...	9	4	6	10	2	4	4	4	5	3	7	6	64
1—2 years ...	—	—	—	—	—	—	—	—	—	1	1	—	2
2—5 years ...	—	—	—	—	1	—	1	—	1	—	1	—	4
5—15 years ...	—	—	2	—	2	—	—	—	1	—	2	1	8
15—25 years ...	1	2	1	1	1	1	—	1	1	2	2	—	13
25—45 years ...	3	8	4	5	1	—	5	2	3	3	14	5	53
45—65 years ...	42	30	40	23	13	30	40	35	40	40	21	41	395
65—75 years ...	37	34	42	32	11	32	43	37	26	29	23	32	378
75 and over ...	56	67	50	49	17	46	52	33	36	47	31	47	531
Total ...	148	145	145	120	48	113	145	112	113	125	102	132	1448

Table 7.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality			Total No. of Deaths	Rate per 1,000 Living
						Diseases and P.F.	Accidents Others	Rate per 1,000 Births		
1900	118,902	3,410	28.67	814	236	2	11	3.80	2,636	22.16
1	113,117	3,418	30.21	737	218	12	13	7.31	2,213	19.56
2	113,766	3,278	28.81	618	188	4	10	4.27	1,998	17.56
3	114,404	3,453	30.18	541	156	3	15	5.21	1,955	17.08
4	115,055	3,314	28.26	609	183	5	12	5.13	2,091	17.83
5	115,721	3,259	28.16	490	150	7	12	5.83	1,906	16.47
6	116,399	3,317	28.49	665	200	2	13	4.52	2,065	17.74
7	117,093	3,124	26.68	495	158	1	11	3.84	2,003	17.10
8	117,799	3,309	27.56	516	156	2	11	3.92	1,975	16.45
9	118,519	3,027	25.54	416	137	5	8	4.29	1,721	14.52
1910	119,253	2,812	23.58	438	156	4	7	3.91	1,758	14.74
1	117,216	2,726	23.25	473	173	2	13	5.50	1,984	16.92
2	117,630	2,753	23.40	342	124	1	4	1.82	1,972	16.76
3	118,070	2,888	23.95	462	160	2	6	2.77	2,043	16.98
4	118,514	2,841	23.97	401	141	2	20	7.74	1,873	15.80
5	118,118	2,546	21.48	395	155	5	7	4.71	2,086	18.63
6	119,611	2,315	19.36	254	109	3	3	2.59	1,774	16.14
7	118,993	2,019	16.96	255	124	1	5	2.96	1,660	15.46
8	118,595	1,906	16.07	213	113	2	4	3.15	1,944	18.36
9	122,168	2,086	17.45	225	110	5	4	4.31	1,760	14.72
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	15.24*
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	14.94*
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	15.51*
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	15.90*
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	14.44*
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	15.16*
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	16.72*
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.91*
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	13.39*
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.99*
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.67*
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.83*
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	12.83*
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	13.42*
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	14.46*
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	14.43*
8	115,100	1,864	16.19	58	31	—	—	—	1,457	14.56*
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	14.07*
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	14.55*

*The death rate for the years 1934-1940 and 1949 onwards have been adjusted in accordance with the area comparability factor supplied by the Registrar General annually. The figures for other years are crude death rates.

Employment Situation.

Throughout the year a high level of employment has been maintained in almost every industry and service. Short-time working has been almost non-existent and in many industries overtime working has been a regular practice. At no time has the unemployed register exceeded 1.6% of the working population and for most of the year the average has been 1.2% and lower each month than the National or Regional average of unemployment.

The re-organisation of the Cotton Spinning and Weaving industry causing the closure of a few old established mills did not result in much loss of employment as the remaining mills who are expanding by operating shift work have been able to offer alternative work to the displaced operatives though many married women and older persons unable to work shift hours have retired or found alternative work in other light industries.

Though little in the way of new industry has been established in the district the wide variety of existing industries have been expanding, particularly aircraft, motor vehicles, atomic energy, general engineering and metal industries.

Rayon yarn production and paper yarn manufacture have continued to expand and employ increasing labour forces.

There has been considerable activity in building and works of construction providing houses and flats, schools and the Harris Institute extension, G.P.O. and Telephone buildings with substantial shop modernisations including two new large multiple stores.

With the high level of employment maintained throughout the year, the demands of industry for operatives able to work on a shift basis including night shift working for men have often exceeded the supply of fit persons available. For the most part the registers of unemployed have shown approximately 40% of the men and women to be in the age groups over 50 years of age.

Employment Services.

The problem of the older person unemployed is often linked with disability and is the special concern of the Disablement Resettlement Officers.

The special efforts made on behalf of the disabled and handicapped has met with a favourable response by employers generally and over 40% of the placings obtained have been in respect of persons over 45 years of age.

Many newly disabled have benefited by courses of rehabilitation at the Ministry's Rehabilitation Units and Training Centres and returned to industrial life equipped for craft employment.

By co-operation with the Hospitals in the area the Nursing Appointments Officer has been able to assist in the vital recruitment of nursing staff for general hospital services and the particularly difficult problem of staffing of our mental and mental deficiency hospitals.

To meet the demands of the expanding industry in the town further importation of labour has been necessary during the year and a considerable intake of coloured British subjects for process work in heavy industry involving shift work has been necessary. Some firms have recruited labour from Scotland and North East England and there has been substantial recruitment of workers within daily travelling distance particularly from the Fylde rural areas and the local coast towns.

Over 9,000 placings have been effected by the local office of the Ministry of Labour in 1960 and indicates the highly industrious employment market in our area. A progressive feature of the public services available is the increasing use of the special department in the Preston Exchange for dealing with appointments in the Professional, Management and Executive field, where in the past two years more than double the number of placings in higher appointments have been made and is proving a valuable link with the services provided for higher and technical education producing the students suitable for the trainee executive positions in demand in the modern progressive scientific and technical age in which Preston industry is so much concerned.

In carrying out the diversity of tasks allotted to the local offices in giving service to employers and workers whether it be the business executive, the general labourer, the student, or the disabled and handicapped with a special problem the Local Advisory Committee (Chairman, Mr. W. Seed) and the Disablement Advisory Committee (Chairman, Dr. P. M. Logan) meeting quarterly review the employment trends and give the full benefit of local knowledge to the Ministry.

Table 8.
Monthly Unemployed Register, 1960.

1960	MEN		WOMEN		Total 1960	Total 1959	Total 1958
	Wholly Unemployed	Tempora'ly Stopped	Wholly Unemployed	Tempora'ly Stopped			
January ...	798	2	356	30	1186	2090	1051
February...	767	1	448	19	1235	2057	1381
March ...	696	1	432	9	1138	1809	1522
April ...	686	4	378	11	1079	1701	1244
May ...	600	6	336	11	953	1704	1529
June ...	625	7	326	11	969	1222	1789
July ...	571	3	259	11	844	1131	1663
August ...	585	2	268	8	863	1140	2374
September	611	6	225	5	847	1115	2194
October ...	563	5	227	7	802	1124	1910
November	571	2	176	5	754	1114	2021
December	535	—	148	25	708	1032	1867

Mr. Richardson, the Juvenile Employment Officer, has furnished the following figures in regard to the number of juveniles who were unemployed during the year.

Table 9.								
Number of Unemployed Juveniles in 1960 and the previous year.								
Month			Boys		Girls		Total	
			1959	1960	1959	1960	1959	1960
January	...	...	57	29	23	23	80	52
February	...	...	45	16	11	4	56	20
March	...	...	20	8	7	6	27	14
April	...	...	50	37	14	25	64	62
May ...	...	...	31	12	9	4	40	16
June	...	...	17	16	8	5	25	21
July ...	...	...	23	12	15	6	38	18
August	...	...	63	42	41	13	104	55
September	...	...	27	16	19	19	46	35
October	...	...	25	7	9	7	34	14
November	...	...	20	9	6	4	26	13
December	...	...	15	9	5	3	20	12

General Provision of Health Services for the Area.

1. CARE OF MOTHERS AND YOUNG CHILDREN.

Statistics.

2,023 live births were registered during the year and there were 39 stillbirths.

Domiciliary midwives notified 29.27% of the total births, 42.2% were notified from Sharoe Green Hospital and 22.33% from Preston Royal Infirmary.

Investigations into the social circumstances of applicants for admission to hospital confinement continued to be carried out and numbered 133 in respect of Sharoe Green Hospital and 9 for Preston Royal Infirmary. Advice was given that there were reasonable facilities for domiciliary confinement in 61 cases.

Maternal Deaths. One maternal death occurred during the year.

Puerperal pyrexia. 44 cases were notified during the year and 40 of these came from hospitals.

Stillbirths. Total number 39.

Source of notification —

Sharoe Green Hospital	...	26
Preston Royal Infirmary	...	9
St. Joseph's Hospital	... ..	—
Domiciliary practice	... ..	4
Unattended births—local Registrar		—

The stillbirth rate of 18.17 per 1,000 related births showed a decrease from the low rate of 22.40 that applied in 1959.

Infant deaths.

Total number of deaths of infants under the age of one year	...	64
Infant mortality rate per 1,000 live births	... ..	32
Number of deaths of infants under one month old	... ..	41
Neo-natal mortality rate per 1,000 live births	... ..	20

The infant mortality rate remains at a higher level than is considered satisfactory, though the stillbirth rate is reasonably low. It would seem that the standards of ante-natal care and of obstetrics are good measured by the peri-natal death rates of recent years. On the other hand six infants who had survived the first four weeks died from infection before reaching one year old and similarly four infants died as a result of accident. These ten preventable deaths suggest that the standard of infant care in Preston leaves something to be desired.

Table 10.
Infant Deaths.

Cause of Death (Registrar-General's Abridged List)					AGE AT DEATH														Total				
					Days				Weeks		Months												
					0—		1—6		1—3		1+		2+		4+		6+				9—12		
					M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	
16.	Diabetes	...	...	...													1		1				
20.	Other Heart Diseases	...														1				1			
23.	Pneumonia	...	...	...				3			1				1	2			1		5	3	
27.	Gastritis	...	...	...				1								1				1		1	1
31.	Congenital Malformations	...			1	3	2			2	2	1	3				1	2			10	7	
32.	{ Prematurity	...	...		6	6	6	3													12	9	
		Asphyxia amd Atelectasis			3	3																3	3
		Other Defined and Ill-defined Causes	...		1	1				1	1											2	2
34.	All other Accidents	...	...									1			1	1				1		2	2
Total					...	11	13	8	3	4	2	3	3	4		2	3		3	4	1	36	28

Clinic Premises.

Altogether five *ad hoc* maternity and child welfare clinics were in use during the year : Saul Street, Walton's Parade, Manchester Road, Cuttle Street and Tulketh Road. Rented premises continued to be used at Barlow Street, Guttridge and St. Mary's, Ribbleton.

As a matter of policy the Health Committee has considered it reasonable to make available in the evening accommodation in the central clinic, Saul Street, for certain voluntary organisations engaged in the promotion of the welfare of persons handicapped in various ways.

Ante Natal and Post Natal Clinics.

Seven combined ante natal and post natal clinics were held weekly in 1960. During the year 973 mothers made 5,076 attendances compared with 934 and 5,050 respectively in 1959, thus maintaining last year's increase in figures.

Sixty-eight mothers attended for post natal examination. This is a small proportion of the home deliveries since most mothers are advised to attend their own doctor for this examination.

In addition the consultative ante natal clinic was held weekly at Saul Street. Altogether 515 mothers attended this clinic for the first time and 146 re-attended during the year. Most mothers appreciate the opportunity of this visit to the consultant, expect it, and no longer need to be persuaded of its value.

Premature delivery is one of the main hazards facing an infant. Although in most of these premature births no cause for the early onset of labour can be found there are some conditions known to increase the risk which can be watched for in the ante natal period. Routine checks of blood pressure, urine and weight at each visit, and blood tests for haemoglobin at intervals are carried out in order to detect early signs of toxæmia or anaemia which would increase the risk of premature birth.

Relaxation exercises for childbirth are taught by the physiotherapist and are available to all mothers.

Vaccination against poliomyelitis is offered to all expectant mothers who have not already received it and is usually readily accepted.

Child Welfare Clinics.

Nine medical and one non-medical sessions were held weekly throughout the year. The total attendances during the year numbered 26,737 and the total number of children who attended was 3,650.

Either in the welfare clinic or in the home the health visitors test the urine of every baby in order to detect any case of a rare condition, phenylketonuria, which if not diagnosed early could lead to retarded development, but responds to treatment if this is started at an early age. The test is done on the baby's napkin and only takes a few seconds.

Immunisation of infants against diphtheria, whooping cough and poliomyelitis is offered at the regular infant welfare sessions thus saving the mother additional journeys. Many mothers take advantage of this and combine the visit for immunisation with their usual welfare visits.

The make-do-and-mend sessions for dressmaking and toymaking are held at the clinics weekly or fortnightly by two demonstrators and continue to be popular and well attended. Mothers cut out and sew garments for themselves and their children with the help and advice of the demonstrator. The range of clothes made is wide, nightclothes, sunsuits or winter coats. At Christmas toymaking patterns are in great demand.

The ladies of the Preston and District Infant Welfare Voluntary Workers' Association have continued to give their services and to render assistance at the infant welfare clinics.

Toddlers' Clinics.

Children between the age of two and five years are seen by appointment at about the time of their birthdays at the toddlers' clinics which are held fortnightly in all the child welfare centres. This annual routine medical inspection during the gap between infancy and school, affords an opportunity to detect early signs of defect such as squint, delay in development and to discuss these with the mother. A small appetite may be a problem, parents feeling that unless a child eats large meals it cannot be healthy, whereas many children make very efficient use of a small amount of food and thrive on it. Much re-assurance may be needed to ease this unnecessary anxiety.

Table 11 shows the numbers attending the various clinics during the year.

Table 11.								
Toddlers' Clinics, 1960.								
Clinic				No. invited	No. who attended		No. referred for specialist treatment	No. referred for observation
Barlow Street	...	...		460	175	38.0%	9	3
Cuttle Street	...	...		420	179	42.6%	11	1
Deepdale	...	...	...	374	167	44.7%	10	16
St. Mary's	...	...	...	230	101	43.9%	—	—
Manchester Road	...	...		408	137	33.5%	15	3
Waltons Parade	...	...		340	110	32.3%	10	—
Tulketh Road	...	...		389	139	35.7%	3	14
Saul Street	...	...	...	434	131	30.2%	14	3
Totals	...	...		3,055	1,139	37.3%	72	40

Welfare Foods.

The centre at the Town Hall continued to sell the standard goods and the following quantities were distributed :—

National Dried Milk	...	32,290 tins
Orange Juice	... ..	60,269 bottles
Cod Liver Oil	... ..	5,421 ,,
Vitamins A and D	...	7,881 packets

In addition, dried milk and other nutrients continued to be sold at the welfare centres and during 1960 a quantity costing £3,833 was handled. The supply of free nutrients cost the Council £129.

ANCILLARY THERAPY.

Dental Treatment.

Mr. A. Kershaw, the Senior Dental Officer, has supplied the following report :—

Dental inspection of pre-school children and expectant and nursing mothers has been mainly carried out at the Saul Street Clinic. It is found in the main, that these persons are accommodated under the National Health Scheme—free to these categories.

For those referred, and not attending private practitioners, the work completed is shown in Table 12 :—

Table 12.							No. of patients provided with dental treatment and form of treatment given.	
							Expectant and nursing mothers	Children under 5 years
Examined	...	...	...	...	...	...	52	34
Needing treatment	...	...	...	...	...	...	48	23
Treated	...	...	...	...	...	...	40	20
Made dentally fit	...	...	...	...	...	...	23	11
Extractions	...	...	...	...	...	...	203	34
Anaesthetics—Local	...	...	...	...	...	...	37	—
General	...	...	...	...	...	...	11	16
Fillings	...	...	...	...	...	...	23	3
Scaling and gum treatment	...	...	...	...	...	...	25	—
Silver nitrate treatment	...	...	...	...	...	...	—	12
Dressings	...	...	...	...	...	...	4	12
Radiographs	...	...	...	...	...	...	3	—
Dentures provided—								
Complete	...	...	...	...	...	...	11	—
Partial	...	...	...	...	...	...	6	—
Dentures re-lined	...	...	...	...	...	...	—	—
Attendances by Patients	...	...	...	...	...	...	181	43

Physiotherapy.

Clinic sessions for remedial exercises were held regularly throughout the year at the Open Air School. Sessions were also held at Manchester Road and Saul Street Clinics until May when Miss Manning retired after 23 years service with this authority.

A physiotherapist was appointed on a part-time basis at Saul Street Clinic at the end of August and sessions were then continued.

Artificial sunlight therapy was continued at the Open Air School during the whole of 1960, and at Manchester Road Clinic until the beginning of May.

Weekly sessions were also held at Guttridge, Manchester Road and Saul Street ante natal clinics providing exercises for expectant mothers, until Miss Manning's retirement.

The following table shows details of the work done in 1960 :

Table 13.				
Physiotherapy treatment				
	New Patients	Number Discharged	Attendances	Sessions held
Pre-school children	20	31	611	110
Expectant mothers	7	14	57	25
Artificial sunlight therapy ...	9	12	120	18

Ear, Nose and Throat Clinic.

Facilities for the diagnosis and treatment of ear, nose and throat conditions exist through the clinic run as part of the School Health Service. The following is a summary of the work done for pre-school children :—

New cases	...	...	...	...	20
Re-inspections		...	...	...	51
Referred for :					
Operative treatment		...	...		5
Treatment in clinic		...	...		9
Observation	...	...	...		54
X-ray	...	...	...	...	4
Audiometer Test	...	...	...		1
Deaf Aid	...	...	...	...	1
Treatment :					
Operative	...	...	...	...	9
Clinic	...	...	...	...	9
Total attendances	...	...	...	...	71

Ophthalmic Clinics.

The majority of pre-school children dealt with were seen at the squint clinic. The following is a record of the work done on pre-school children during the year :

Number of children dealt with	...	...	53
New cases	...	...	23
Refractions	...	...	24
Re-inspections	...	...	70
Prescriptions given	...	...	18
Referred for :			
Operative treatment	...	...	4
Orthoptic treatment	...	...	—
Total attendances	...	...	93

Paediatric Clinic.

Pre-school children referred to the Paediatric Clinic at the Open Air School numbered 13 in 1960. One of the children was a case of cerebral palsy.

Total attendances	...	...	27
No. attending	...	...	23

Orthopaedic Clinic.

The following is a record of the work done on pre-school children during the year at the Orthopaedic Clinic at the Open Air School :

Number of children under treatment	77
New cases	23
Total attendances	108
Referred for X-ray	10
Recommended admission to hospital	3
Classification of defects dealt with :—	
Congenital deformities	20
Other deformities	56
Inflammations	1

Seventeen children were transferred to Preston Royal Infirmary for further treatment and supervision.

Audiology Clinic.

This clinic, which is held weekly at Saul Street, was established in October, 1959, for the ascertainment of pre-school children with suspected hearing loss. One of the health visitors who assists the departmental medical officer, Dr. Dowling, at the clinic had previously taken a two weeks training at Manchester in the diagnosis of deafness.

In June, 1960, a two-day course in screening tests for deafness was held for twelve health visitors by Dr. Taylor, of the Audiology Department, Manchester University. Since then, screening tests of infants and toddlers have been undertaken in the homes and clinics with consequent expansion of the work of the audiology clinic.

The following table gives details of the 20 new cases seen of whom nine were boys and 11 girls.

Results	Age Groups (years)			Total
	0—1	1—5	5—15	
Hearing Loss	—	2	3	5
No Hearing Loss :				
Discharged	1	7	1	9
For review :				
Speech Defect	—	4	—	} 5
Referred E.N.T. clinic	—	1	—	
Inconclusive (mental defect)	—	1	—	1
Total	1	15	4	20

All three children of school age with a hearing loss had previously been under supervision at another specialist clinic ; two of these, one a boy with cerebral palsy, requiring hearing aids, the third having adequate improvement of hearing following removal of adenoids.

Both of the pre-school children with hearing loss were girls who had satisfactory hearing after treatment at the ear, nose and throat clinic.

Auditory speech training was given to four pre-school children ascertained as profoundly deaf prior to 1960. A Westrex Speech Training Unit was installed at Saul Street Clinic in April, 1960 ; previously the facilities at the Royal Cross School for the Deaf were used for this training. The Westrex unit was used on 52 occasions. One of these children, a girl aged $2\frac{1}{2}$ years, was admitted to the Nursery Department of the Royal Cross School for the Deaf.

Care of Illegitimate Children.

General arrangements under this heading were continued during 1960 and close liaison was maintained with the local moral welfare councils.

Five cases were cared for during the year.

Care of Premature Infants.

The care and nursing of premature babies born at home who are not ill or exceptionally small, is carried out by the midwives with the help of their Supervisor, until a weight of 6 lbs. is attained.

Those babies who are ill or who are less than $4\frac{1}{2}$ lbs. in weight are usually transferred to hospital either in the Supervisor's car or in the ambulance in an oxygenaire tent.

For those at home a premature baby outfit including a cot (moses basket), blankets, sheets, hot water bottle with cover, wall thermometer and premature baby clothes is always available and is brought to the home by ambulance or by the Supervisor in her car. This outfit is needed when the birth occurs before the mother has prepared for the baby, or when she has prepared for a large infant and everything is too big for the new baby.

All the midwives have sparklet oxygen outfits as regular equipment for the resuscitation of infants and in addition an oxygenaire tent is available when oxygen is needed for any length of time.

The midwives train both parents in premature baby care, especially in maintaining an even temperature in the room, in guarding against draughts and in methods of feeding. In nearly all cases the parents have shown great interest and co-operation.

These arrangements have continued to prove satisfactory for some years.

The following table gives the number of infants born prematurely and their survival state up to 28 days after birth.

Table 14.
Premature Infants Survival State.

Birth Weight	Died First 24 hours	Died 2nd— 7th day	Died 8th— 28th day	Sur- vived 28 days	Total
Babies born at home and nursed at home—					
Up to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	5	5
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	4	4
5 lbs. to 5 lbs. 8 ozs.	—	—	—	14	14
Total	—	—	—	23	23
Babies born at home and transferred to hospital—					
Up to 3 lbs. 4 ozs.	2	—	—	1	3
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	1	1
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	2	1	3
Total	2	—	2	3	7
Babies born in hospital—					
Up to 3 lbs. 4 ozs.	5	4	—	7	16
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	5	2	1	19	27
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	1	—	41	43
5 lbs. to 5 lbs. 8 ozs.	—	1	—	61	62
Total	11	8	1	128	148
Babies born in private maternity homes—					
Up to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
3 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	—	—
Total	—	—	—	—	—
GRAND TOTALS	13	8	3	154	178

Day Nurseries.

As in the previous two years the number of places was reduced once again by the closure of a nursery. Fishwick, one of the first nurseries to be opened in 1941 closed its doors on April 1st, leaving only 143 places in the remaining three nurseries. The attendances at Eldon Street Nursery were slightly down from the previous year due to an outbreak of dysentery in February and March and measles in the autumn. At Hartington Road the only infection was a mild one of dysentery in April, and the attendances showed an increase of more than 5%. At Isherwood Street they were slightly up in spite of a severe dysentery outbreak in January and measles in the autumn.

Children admitted during the year on social grounds were only slightly fewer than in 1959 despite the reduced number of places. It is primarily for these children that the nurseries exist and they fall into two categories ; those whose mothers have to work because they are the sole wage earner, *i.e.*, the unmarried, widowed or separated mother, or those whose husbands are ill, unemployed or in prison. Then there are the children whose mothers for some reason need help in the care of their family, or where the mother is in hospital and when the father may have the sole charge of his family for long periods or even permanently. There the nursery staff can be a great support to a father and they will go to great lengths to do what they can to help. In one nursery the off duty periods of the staff are always fixed round the fact that the child of a blind father, separated from his blind wife, always has to be taken into town on a certain bus to meet his father on his way home from work, and however busy the nursery may be they have never failed the father. One motherless child now due for school has had clothes made for her since she was a baby. A sick mother will often find her child's clothes and pram bedding washed when she returns home in the evening.

Where a child is to be admitted temporarily while the mother goes into hospital, and where this is pre-arranged and not an emergency, the importance of sending the child in for a few days or even half-days beforehand cannot be stressed too strongly, but unfortunately few parents will co-operate in this. The majority of children admitted to a nursery will take a day or two to adjust themselves, but when they have the double shock of being taken to a strange nursery in the morning and no mother to comfort them when they go home at night, it can be very unsettling for the child.

The nurseries are always ready to admit children in emergencies and have helped the police by taking in a child whose mother was found drunk, another who was found alone in a house, and when witnesses in court have several young children the police have brought them to the nursery. A mother and her young family from Scotland found wandering were taken in and the children bathed, clothed and fed, while the mother looked for accommodation. At other times children have been cared for while mother attends hospital for treatment, or visits a sick husband.

The matrons continue to strive for a 100% inoculation rate against diphtheria, whooping cough and polio. Eldon Street nursery with a part-time dentist across the road gained his co-operation and succeeded in making the mothers conscious of the need for dental care even for the very young. They also held two social events for the mothers : in the summer, a Saturday afternoon Garden

Party when the Rose Queen was crowned, and in the winter, an evening when coloured transparencies of the event and many others taken in the nurseries were shown. Co-operation between parents and staff is essential if the nurseries are to care satisfactorily for the child and they are to retain the happy and personal atmosphere they now have.

Table 15.
Summary of Statistics, 1960.

	Eldon St.	Fish- wick	Harting- ton Rd.	Isler- wood St.	Total
Attendances	9,416	1,657	9,640	11,546	32,259
New children admitted...	45	11	61	45	162
Children left	36	40	54	42	172
On Register—					
January 1st	43	41	41	57	182
December 31st ...	49	—	49	59	157
On Waiting List—					
January 1st	17	—	3	6	26
December 31st ...	15	—	2	25	42
INFECTION :					
Measles	11	—	—	21	32
Rubella	2	—	—	—	2
Chicken Pox	—	—	—	—	—
Whooping Cough ...	—	—	1	—	1
Mumps	1	—	—	—	1
Dysentery	30	—	12	26	68
Scarlet Fever	—	—	1	—	1
Gastro-Enteritis ...	3	—	2	—	5
Hepatitis	—	—	1	—	1
Influenza	—	—	—	—	—
Mumps	—	—	—	—	—

Table 16.
Children attending the day nurseries on Social Grounds 1960.

	On register on December 31st, 1960	On register at any time during 1960 (including previous column)
Parents separated or divorced	20	33
Mother widow	2	2
Father widower	1	2
Mother unmarried	22	31
Mother in hospital or ill	7	50
Father in hospital	2	6
Father continually unemployed	2	5
Poor housing conditions	30	56
Children with speech defects	1	3
Children physically handicapped	3	6
Maladjusted children or parents	8	12
Any other reason	4	9
Parent in Prison	1	6
Total	103	221

Number of 'short stay' children admitted during the year 52

Nursery Nurses' Training Scheme.

The closure of a nursery reduced the number of nursery students by only two, no new ones having been accepted at Fishwick the previous year. Until the current course finished at the end of August there were 19 students in training ; when the new course began in September this was reduced to 17.

Seven students sat for the certificate of the National Nursery Examination Board and all were successful at the first attempt, four in July and the remainder in November. Four of them stayed on in the nurseries after qualifying, one went to hospital to do her general training, and another to work in the maternity department nursery until she was old enough to train, and the seventh married.

The course has a wide appeal as it offers the opportunity to train for a career and motherhood and provides further education on a day release basis and suitable candidates have to be turned away each year.

In addition to the practical training of their own students the nurseries co-operate with other training establishments. Pupils training at St. Joseph's Hospital for the State Enrolled register come to Isherwood Street and Hartington Road Nurseries for three weeks of their training. Student health visitors from Bolton Technical College having their practical training in Preston spend a few days in the Nurseries. Students from Teachers' Training Colleges are always welcome visitors in their summer vacation as they bring new ideas with them. Girls from the Park School doing project work, and from many of the secondary modern schools doing mothercraft courses spend a day in the nurseries.

The Thursday Club.

The Club has enjoyed yet another successful year. It is now well established and the members are keen and interested. Quite lively discussions have emerged following some of the lectures. Requests have been made to two of the speakers to give further talks in 1961. The members are most appreciative of the time and effort given by the speakers during the year.

1960 Programme —

January	...	Business Meeting and Beetle Drive.
February	...	"The Work of Parkinson House Refuge for Girls"— Miss Dunn.
March	...	Cookery Demonstration — Miss Matthews.
April	...	"Smoking and Lung Cancer"— Dr. Purdom.
May	...	Floral Arrangements — Forshaws.
June	...	Visit to Grand Theatre, Blackpool.
August	...	"Foot Care"— Miss Manning.
September	...	The Work of a Children's Officer"— Mrs. Decker.
October	...	Films.
November	...	Cake Icing Demonstration — Mrs. Woodruff.
December	...	Christmas Party.

II. MIDWIFERY.

At the end of the year 36 midwives were in practice in the town of whom 21 were employed at the Royal Infirmary, six at St. Joseph's Hospital and nine including the supervisor, in municipal domiciliary practice.

The midwives in domiciliary service performed 598 deliveries, of which 44 mothers were also attended by their General Practitioner. A full staff of midwives during the year meant that the proportion of home confinements again rose to 29.27% and all mothers whose confinement was likely to be normal and wished to stay at home were able to do so thus leaving hospital places available for those needing them for social, medical or obstetric reasons.

The hospital staff and general practitioners gave very helpful co-operation in maintaining an efficient service for expectant mothers.

Trilene is offered routinely as an analgesic in childbirth and was given to 549 mothers (92%), Gas and Air analgesia being given to two mothers (.4%) who had expressed their preference to this type of analgesia, Intramuscular injection of Pethidine was given to 395 mothers (66%). Therefore the majority of mothers obtained benefit from both kinds of analgesia.

During the year 617 accouchement outfits were provided. Medical aid was sought in 15 cases where no doctor had been booked for the confinement. This figure continues to drop as all mothers are encouraged to book their doctor for confinement. The hospital flying squad was not required during the year. The oxygenaire apparatus was used on one occasion. Following a normal delivery the baby was asphyxiated at birth, mouth to mouth resuscitation was carried out and then continuous oxygen given. As response was slow he was put into the incubator and transferred to Sharoe Green Hospital. His condition subsequently improved and he was discharged home after two days.

There were 16 discussion courses on mothercraft at Saul Street Clinic for primigravida booked for delivery in Preston Royal Infirmary and four courses held for primigravida booked for delivery at home and St. Joseph's Hospital, Mount Street. These courses were well attended, the number of fathers attending increased in 1960. Great interest was shown, especially in the discussion on labour and a film strip showing the birth of a baby.

Pupil midwives from Preston Royal Infirmary attended these classes as part of their training in Part I C.M.B. syllabus.

The course consisted of the following talks given by the Supervisor of Midwives.

1. "How does the baby grow," Illustrated by the birth atlas.
2. "Nutrition in Pregnancy." A film was also shown.
3. "Labour and what it means." Filmstrip showing the birth of a baby was shown. Trilene and Gas and Air apparatus was also demonstrated.
4. "Bathing the baby — Baby's clothes."
5. "Breast feeding and the lying-in period." A film was shown.
6. "Feeding and weaning the baby," A film was shown.

Table 17.
Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for thirteen years since 5th July, 1948, and attendances at Corporation clinics.

Year	DOMICILIARY CONFINEMENTS					CLINICS						
	Hospital confinements	Domiciliary confinements	Total confinements	% domiciliary confinements to total	MIDWIVES		MATERNITY NURSES		No. of persons who attended	Total No. of attendances at clinics	Average attendance of each person	Ratio of persons attending to total domiciliary confinements
					Number attended	% of total domiciliary confinements	Number attended	% of total domiciliary confinements				
1	2	3	4	5	6	7	8	9	10	11	12	13
1948 (from July)	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%

Table 18.
Place of delivery of Preston mothers during 1960.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary	—	598
Sharoe Green Hospital	50	869
Preston Royal Infirmary	51	460
St. Joseph's Hospital	22	119
Maternity homes	—	—
Other hospitals	—	9
Others	—	5
Totals	123	2,060

III. HEALTH VISITORS.

The work of the Health Visitor continues to be hampered by the shortage of fully trained staff. The whole field of the work is covered, but much more time and effort is called for in certain aspects of the work, *e.g.*, problem families and the aged.

At the end of the year there were 16 trained health visitors on the staff including the superintendent and her deputy, there was also one health visitor doing part-time duties. The establishment is 32 trained health visitors. Certain duties in relation to the School Health Service and work in connection with immunisation and vaccination were carried out by nine clinic nurses. These clinic nurses are State Registered nurses who have not undertaken additional training and do not hold the Health Visitors Certificate, but whose qualifications are such that they are well able to undertake the duties allotted to them.

Six student health visitors were sent for training during the year, one to the Technical College, Manchester, and five to the Technical College, Bolton. This is practically the only means of recruitment to the service for appointments as the result of advertisement are negligible.

The contact between health visitors, general practitioners, voluntary organisations and other social workers has continued. The hospital almoners referred 36 patients for supervision by the health visitor, patients requiring domestic help, meals, advice, or a watchful eye over their condition. Some general practitioners refer problems relating to the aged, feeding difficulties of new babies and convalescence. They are in turn approached by the health visitors. One health visitor has been in quite frequent contact with seven doctors in her area, by telephone and by personal visits to the surgery. In another area a health visitor has had the co-operation of three doctors.

Much help has been given by the W.V.S. in the way of clothing for children and adults, beds, bedding and furniture. Three cancer sufferers were referred to the W.V.S. in order that they might benefit from the Garoyd Cancer Fund. Very considerable help was given, nourishing foods, fruit, eggs, chickens and in one instance domestic help was provided and paid for.

Coloured Families.

The health visitors now have records of 168 children of coloured parents, 0-5 years. Difficulties arise with these families which make increased demands on the time of the health visitors. There is the language difficulty, problems of infant feeding, particularly at the weaning stage, overcrowding, many live in one room and many families share one house and the frequent movement of families from one address to another within the town.

Table 19. Domiciliary Health Visiting.									
Number of visits to :									Year 1960
Births (first visit)	...	...	...	...	...	...	...	...	1,972
Births (re-visits)	...	...	...	...	...	...	...	...	10,488
Stillbirths	...	...	...	...	...	...	...	...	39
Children 1—5 years, first visits	...	...	...	...	...	...	...	...	1
re-visits	...	...	...	...	...	...	...	...	13,018
Expectant mothers (first visits)	...	...	...	...	...	...	...	...	155
Expectant mothers (subsequent visits)	...	...	...	...	...	...	...	...	158
Persons suffering from illness, 0—5 years	...	...	...	...	...	...	...	...	25
5—15 years	...	...	...	...	...	...	...	...	37
15+	...	...	...	...	...	...	...	...	193
Infectious diseases	...	...	...	...	...	...	...	...	1,101
Special visits	...	...	...	...	...	...	...	...	699
Infant death investigations	...	...	...	...	...	...	...	...	59
Visits to elderly, sick and infirm persons	...	...	...	...	...	...	...	...	842
Tuberculosis domiciliary visits	...	...	...	...	...	...	...	...	1,008
Handicapped persons	...	...	...	...	...	...	...	...	661
Total number of visits									30,456

Lectures given during 1960.

Brindle Lodge.

During the year eight lectures were given to Students in the Preliminary Training School. The lectures relate to an overall picture of the National Health Service and to the services provided by the Local Authority.

Those students who are to complete their training at Preston Royal Infirmary receive a further set of three lectures when they are reaching the end of their third year of training. The lectures again relate to the Public Health Services in greater detail and in particular to the work of the Health Visitor. Nine such lectures were given at Preston Royal Infirmary during the year. Following these lectures the students spent half a day each with the Health Visitor paying domiciliary visits, in all, 44 Students were taken out.

Penwortham County Secondary School.

In May, a Careers Week was held at the school and at the request of the Careers Master the Deputy Superintendent Health Visitor attended the school on July 5th, and gave a talk on Nursery Nursing.

Observation Visits.

As in previous years visitors were accepted into the Department in order to learn something of the services we have to offer and of the work which is done.

Student Teachers.

Seven Student Teachers visited Clinics and the Spastic Unit at the Open Air School. They were from Padgate Training College, Saffron Walden Training College, High Melton Training College, Doncaster, and the Teachers' Training College, Croydon.

Ribbleton Hall County Secondary School.

During May, eight senior girls from this school visited the Day Nurseries.

Park School.

Visits by the social studies group at the Park School now appears to be an established part of their curriculum and once again a programme of visits was arranged for them.

Twenty girls visited the four Day Nurseries, Sunnybank Hostel, Wilson House, the Training Centre for the Physically Handicapped and the Spastic Unit at the Open Air School.

Trainee Hospital Welfare Officers.

In July, six Trainee Hospital Welfare Workers, together with their Tutor from the University of Manchester, spent a day in the Department. During the morning they visited the Training Centre for the Physically Handicapped where they were first given a picture by the Superintendent Health Visitor of the overall work done for the physically handicapped in the Borough and then were shown round the Centre. In the afternoon they visited "The Elms" and saw something of the work done in relation to the child with a mental handicap.

IV. HOME NURSING.

During the year the home nursing activities continued under the supervision of the Superintendent District Nurse, assisted by 17 women district nurses and one male nurse. The last mentioned left the service in November. The total number of ~~new cases dealt with~~^{visits} amounted to 77,425, a reduction of some 2,000 visits on the previous year. In addition some 579 patients attended at an evening clinic for the administration of injections prescribed by family doctors.

Visits to children under five years of age totalled 766.

Tables 20 to 23 give details of the work done.

Table 20.								
Summary of the work of the District Nurses.								
		No. of cases at beginning of month	New cases	Terminated			No. of cases at end of month	No. of visits
				Re- covered	Hosp.	Died	Other causes	
January	...	582	187	118	40	21	4	586
February	...	586	286	136	38	40	4	604
March	...	604	131	105	21	16	9	584
Qpril	...	584	150	133	23	24	6	548
May	...	548	137	82	13	11	11	568
June	...	568	220	138	41	36	5	568
July	...	568	118	88	18	14	8	558
August	...	558	139	87	22	16	7	565
September	...	565	127	87	20	16	6	563
October	...	563	125	81	17	17	10	563
November	...	563	125	93	23	19	1	552
December	...	552	164	112	23	14	5	562
Total for year		—	1,859	1,260	299	244	76	—
								77,425

Table 21.		
Visits paid by district nurses in each of the past five years.		
Year	First visits.	Total visits
1960	1,859	77,425
1959	2,042	79,961
1958	2,011	80,729
1957	2,146	81,980
1956	2,178	74,562

Table 22.
Conditions dealt with by District Nurses during the year.

	Number of cases	Number of visits
Heart disease	192	7,013
Cancer	97	3,938
Cerebral vascular disease..	156	6,806
Blood diseases	258	7,131
Diabetes	70	15,119
Tuberculosis	98	7,587
Other chest diseases ...	311	3,831
Other infectious diseases...	63	406
Post operative cases ...	160	4,216
Fractures	22	546
Varicose ulcer of leg ...	38	1,616
X-ray preparation ...	106	224
Local infection	126	1,189
Constipation	114	751
Complications of pregnancy	47	442
All other conditions ...	583	16,610
Total	2,441	77,425

Table 23.
Cases of Infectious Disease and complications of pregnancy visited during the year by district nurses.

	Number of Cases	Number of Visits
Pneumonia (all forms)	67	610
Tuberculosis	98	7,587
Influenza	4	21
Tonsillitis	57	362
Erysipelas	1	4
Miscarriage and Abortion	10	85
Caesarean Section	1	9
Mastitis	9	67
Anaemia	10	85
Puerperal Pyrexia	10	148
Embolism	1	5
Contact of Mumps	1	5
Cystitis	1	3
Contact of Chicken Pox	1	11
Retention of Urine	1	1
Pemphigus	1	10
Maternity	1	13
Total	274	9,026

Chiropody.

A Chiropody service available to old persons and expectant mothers commenced on 27th May, 1960, at Saul Street Clinic. A charge of 2/6 per treatment is made, but where circumstances justify, the service is provided free. By the end of the year, 104 patients had attended for treatment, the chiropodists making re-appointments for further treatments as necessary.

A weekly domiciliary session for house-bound patients was started on 7th December and by the end of the year 17 patients had received treatment from the chiropodist in their own homes.

V. AMBULANCE SERVICE.

At the end of the year the ambulance fleet consisted of five short-wheel-based Bedford ambulances, one long-wheel-based Bedford ambulance and four seven-seater Bedford sitting-case vehicles.

The number of staff employed remained unchanged at twenty-eight, including three telephonists.

The total mileage covered by the ambulances continues to rise and reached a new record total of 147,310 miles. The system of organisation of journeys whereby vehicles are not required to return to the depot so frequently has continued, which shows in the journeys made.

Thirteen journeys involving 42 miles were made for Lancashire County Council and 19 journeys involving 526 miles for other authorities.

Under the National Health Service (Amendment) Act, 1957, ambulance services can now be made available for other than National Health Service purposes at an appropriate fee and during 1960 one such journey was undertaken involving 15 miles.

Table 24 sets out the figures of the work done by the ambulance service from 1950 onwards.

Table 24.**Ambulance Service—Record of journeys made and mileage covered.**

	BOROUGH										
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
January											
Mileage	7,661	8,944	8,620	10,327	11,029	12,535	12,376	11,520	10,737	12,210	11,867
Journeys	1,622	1,922	1,970	2,365	2,791	3,198	3,015	2,953	2,921	3,452	1,393
February											
Mileage	6,848	7,898	9,065	9,188	10,349	10,688	11,763	10,767	10,541	11,466	12,835
Journeys	1,603	1,719	1,910	2,283	2,688	2,743	2,831	2,724	2,694	2,900	1,429
March											
Mileage	8,095	8,484	8,820	9,994	11,092	11,925	12,149	10,568	11,040	11,381	13,090
Journeys	1,904	1,899	1,811	2,492	2,697	2,928	3,035	2,978	2,812	2,109	1,546
April											
Mileage	7,627	9,359	8,614	9,342	10,272	11,110	11,138	10,812	10,498	10,670	11,813
Journeys	1,638	1,958	1,605	2,293	2,474	2,619	2,811	2,803	2,581	1,420	1,291
May											
Mileage	7,686	8,297	9,007	9,341	11,087	11,807	10,640	11,903	10,692	11,883	12,768
Journeys	1,791	1,887	1,856	2,337	2,932	2,805	2,734	2,948	2,689	1,457	1,513
June											
Mileage	8,061	9,060	9,171	10,048	11,486	11,403	10,320	11,004	11,854	13,282	12,720
Journeys	1,731	1,946	1,802	2,543	2,757	2,923	2,717	2,643	2,891	1,470	1,505
July											
Mileage	8,461	8,988	9,598	9,717	11,792	11,987	10,975	11,576	11,280	11,878	11,734
Journeys	1,958	1,774	1,819	2,438	2,581	2,589	2,433	2,755	2,702	1,461	1,337
August											
Mileage	7,765	9,157	9,250	10,325	11,627	12,114	11,103	10,487	11,333	11,396	11,505
Journeys	1,676	1,625	1,836	2,431	2,789	2,760	2,683	2,534	2,691	1,327	1,437
September											
Mileage	7,994	9,394	8,764	10,375	11,080	12,440	10,351	11,516	11,978	13,147	12,122
Journeys	1,498	1,654	1,854	2,471	2,787	2,852	2,679	2,787	3,104	1,529	1,472
October											
Mileage	8,917	9,059	10,129	11,165	11,471	11,576	12,269	11,420	12,165	12,565	12,583
Journeys	1,615	1,796	2,323	2,687	2,574	2,704	3,195	2,675	3,219	1,378	1,469
November											
Mileage	8,427	7,659	9,401	10,873	13,153	10,442	12,603	11,012	10,455	12,260	12,766
Journeys	1,877	1,784	2,367	2,738	2,963	2,661	2,986	2,775	2,707	1,377	1,408
December											
Mileage	8,401	8,561	9,751	10,957	12,460	10,914	11,253	10,216	10,555	12,450	11,507
Journeys	1,781	1,914	2,630	2,714	3,165	2,738	2,698	2,704	2,803	1,376	1,395
Total Mileage	95,943	104,860	110,190	121,652	136,898	138,941	136,940	132,801	133,128	144,588	147,310
Journeys	20,694	21,948	23,783	29,792	33,198	33,520	33,817	33,279	33,814	21,256	17,195

VI. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

1. Tuberculosis.

The general arrangements for prevention, care, and after-care in relation to tuberculosis are given on page 68, et. seq.

2. Convalescent Treatment, 1960.

Thirty-seven patients were referred for convalescence during the year, 29 women and eight men. 31 of these went away, the remaining six applications being cancelled for various reasons. 14 different homes were used, eight run by voluntary agencies, including a Holiday Home for the Blind, and a Red Cross short-stay home for the aged, four private homes, a convent, and a convalescent home run by the Liverpool Regional Hospital Board.

More than half the patients who went away were pensioners who were in need of a change of environment, but were too infirm through age or chronic ill-health to go through the normal channels. Many of them lived alone and they thoroughly enjoyed the community life for a short period. Others were dependent on relatives for their daily care, as were three of the four physically handicapped patients. In these cases it is not only the patient who benefits, but their families or friends who cope with them happily for 50 weeks of the year, but who really do need that short break and the freedom that it brings. But for these willing relatives there would be many more patients dependent upon the welfare state for their care. Once again the number of true convalescent patients was very small, only four being referred.

Requests for convalescence were received from health visitors, mental health workers, almoners, teachers of the blind, as well as general practitioners, but in each case the patient's own doctor was consulted.

3. Domiciliary Meals Service.

Persons suffering from illness or otherwise infirm continue to be able to receive a hot mid-day meal delivered to them in their home under the domiciliary meals service. Table 25 shows the scope of the service during 1960.

Table 25. Invalids' and Infirm Persons' Meal Service.				
Number of persons receiving meals on 1.1.60	Number of new recipients during year	Number of persons ceasing to have meals during year	Number of persons remaining at 31.12.60	Total Number of meals served during year
163	131	134	160	16,194

4. Night Attendant Service.

This service was continued during 1960 under the supervision of the Home Help Organiser. It is run on similar lines to the home help service and is designed to help relatives and friends of invalids who cannot be left on their own with safety.

During the year 49 cases were assisted and at the end of the year there were six night attendants employed.

5. Provision of Nursing Equipment and Apparatus.

General nursing equipment and apparatus are provided by the St. John Ambulance Association which has a well-stocked nursing equipment section available to everyone in the town.

This service has been supplemented directly by the Corporation in the provision of various items of equipment. Many elderly chronic sick patients are nursed at home by relatives with the help of the domiciliary nursing services. In certain cases, particularly where the patients are incontinent, the supply of linen available in the home has to be supplemented. In a few instances it has been found necessary to loan a single bed, usually to facilitate the nursing of a patient in a ground-floor room. The following equipment was loaned during the year :—

Sheets	...	...	23
Draw sheets	...	...	39
Pillow slips	...	...	8
Night Gowns	...	...	14
Towels	...	...	9
Pillows	...	...	2
Blankets	...	...	3
Bedsteads	...	...	1
Mattresses	...	...	2
Rubber Sheets	...	...	1

6. Laundry Service.

From time to time circumstances arise whereby a patient ill at home is unable to arrange for laundering, either by relatives or neighbours or through a commercial laundry, of the bed and personal linen, and facilities are provided at the Corporation laundry for dealing with such linen. The need is small in extent and is most commonly met with in the case of elderly people living alone where linen has not only to be lent but also laundered.

7. Health Education.

Overall, Health Education activities have consisted mainly in poster displays in the clinic showcases and display window at No. 48 Lancaster Road and film shows.

The display window at No. 48 Lancaster Road featured the following subjects : "Poliomyelitis Vaccination," "Food Poisoning," "Food Hygiene" (washing hands), "Milestone's in Baby's Development," "Holiday Accidents," "The Housefly," "Children's Feet," "Diphtheria and Whooping Cough Immunisation," and "Home Accidents." As far as possible these displays were also shown in the showcases at Cuttle Street, Saul Street and Tulketh Road.

Projection of the following 16mm. sound films has been made with good effect : "Fly about the House," "How to Catch a Cold," "Another Case of Poisoning" (Food Poisoning), "Facts and Figures" (Smoking and Lung Cancer), "Playing with Fire" (Home Accidents), "Jenny comes Home" (Baby Care), "Stop Thief" (Diphtheria Immunisation). The following mothercraft films were used in regular mothercraft teaching courses by the Supervisor of Midwives at Saul Street clinic : "Nutrition in Pregnancy," "Toxaemia of Pregnancy," "Breast Feeding," and "Tailored for Timothy."

The use of sound films is a powerful means of Health Education and new material is being explored in the film libraries with a view to accentuating the effect of this media.

During the month of September large scale Exhibitions on Clean Air and Mental Health were staged at a section of the Local Trades Exhibition in the Public Hall. The former subject strengthened the mission to make Preston smoke free, whilst the latter outlined the work done by the Mental Health section of the department. Some 14,390 attended the Exhibition.

During the month of December the Health Education Officer resigned from his appointment and steps were taken to fill the post.

8. Problem Families.

The Problem Families were considered at the monthly meetings of the co-ordinating committee. The number of families under discussion was as follows :

Number of families under monthly review at the beginning of						
		the year ...	...	...	...	26
„	„	under periodic review at the beginning of				
		the year ...	...	...	...	5
„	„	removed from the list	...	...	...	4
„	„	referred for less frequent review	...	...	...	9
„	„	added to the list for monthly review	...	...	...	13
„	„	under monthly review at the end of the year				24

The problems of the families followed much the same pattern, prolonged unemployment of the husband, instability of one or both parents, financial difficulties, threat of eviction due to arrears of rent. Where one problem was solved another usually arose causing families to pass from crisis to crisis.

In the hard core of cases it is really only possible to see a family over such a crisis, rarely is it possible to maintain any rise in standards, however slight. To prevent the break-up of a family is however an achievement even though it continues to live in poor circumstances and in an unsatisfactory manner.

A great amount of time is spent in supervising problem families not only by the Health Visitors, but by other workers concerned, although every effort is made to keep multiple visiting to a minimum.

Physically handicapped.

During the year the Health Visitors paid 661 visits to physically handicapped persons.

Help was given in the following ways :—

- (i) 13 patients were provided with tripod walking sticks.
- (ii) 3 patients were provided with forearm crutches.
- (iii) 1 patient was provided with a pair of walking bars.
- (iv) 1 patient suffering from a paralysis of the lower limbs was loaned a hospital-type bed with chain and pulley, together with a mattress.
- (v) 1 patient, a heavy woman with arthritis, was loaned a Nesbitt Evans hospital-type bed with chain and pulley to facilitate lifting and nursing at home.
- (vi) 1 patient, a man severely paralysed and who had spent two years in hospital was equipped with :
 - 1 hospital bed/pole/chain/handle.
 - 1 Dunlopillo mattress.
 - 3 Dunlopillo biscuits.
 - 3 hair biscuits.
 - 1 rubber sheet.
 - 1 urinal.
 - 1 commode.
 - 6 feather pillows.
 - 1 Simplex toilet seat.

In addition a ramp was fixed at the rear door of the house so that he could more easily manouvre his wheel chair.

- °(vii) In the case of a woman patient suffering from disseminated sclerosis and with incontinence, the W.V.S. were approached and were able to accommodate the patient. The commodity is now made up and delivered to the patient by the W.V.S. at weekly intervals.

At the end of the year the following items were out on loan :

- 14 Tripod sticks.
- 1 pair under-arm crutches.
- 2½ pairs forearm crutches.
- 1 Bonaped walk aid.
- 4 hospital-type beds.
- 1 Nelson bed frame.
- 2 commodes.
- 1 Dunlopillo mattress.
- 1 hair mattress.
- 3 Dunlopillo biscuits.

- 3 hair biscuits.
- 3 rubber sheets.
- 1 bed cradle.
- 6 feather pillows.
- 1 Simplex toilet seat.

Total items loaned in the 5 years, 1955-60.

- 28 Tripod sticks.
- 4½ pairs of crutches of all types.
- 1 Bonaped walk aid.
- 1 pair walking bars.
- 1 bed frame.
- 1 bed cradle.
- 4 beds of all types.
- 2 commodes.
- 2 mattresses.
- 3 rubber sheets..
- 6 feather pillows.
- 1 Simplex toilet seat.

10. Cerebral Palsy.

Cerebral Palsy varies greatly in severity from one case to another, and many of the less afflicted cases are able to carry on their activity without help or supervision. Some of the more severe adult cases who are disabled and who may need help in various ways are registered in the welfare services section and many of the children affected are known through the school health service.

The cases known to the staff are recorded in the following table.

Table 26.								
No. of known cases of cerebral palsy and epilepsy.								
Ages			Cerebral palsy			Epilepsy		
			Males	Females	Total	Males	Females	Total
—5	...	...	9	2	11	—	—	—
5+	...	...	7	5	12	5	4	9
10+	...	...	10	6	16	6	11	17
15+	...	...	4	5	9	11	11	22
20+	...	...	12	5	17	9	6	15
30+	...	...	6	3	9	2	8	10
40+	...	...	3	2	5	2	7	9
50+	...	...	2	—	2	2	3	5
60+	...	...	—	1	1	2	2	4
70+	...	...	—	—	—	—	1	1
80+	...	...	—	1	1	—	—	—
Total	...		53	30	83	39	53	92

Voluntary registration of any condition depends for its success on the apparent benefit to be obtained by the persons invited to co-operate. In the case of children of school age and under, registration is fairly complete, for not only are the cases ascertained at routine clinical examinations, but diagnosis, supervision and care are all available through the orthopædic and pædiatric clinic facilities and the special cerebral palsy unit at the Open Air School at which, twelve cases were in attendance at the end of the year. Since the orthopædic and paediatric consultants hold clinics at the school and are regularly in consultation the care of these cases, medical, social and educational, is fully co-ordinated.

In the case of adults a small number of cases of the more severe type have been registered through the welfare services section. Occupational therapy in the home is provided for cases whose spatial movements are severely restricted and one man is doing handicrafts at home, whilst two weekly day sessions are held at the social centre for persons suffering from crippling defects. Four men and five women were attending at the close of the year.

Close co-operation exists with the Youth Employment Officer and the Disablement Rehabilitation Officers of the Ministry of Labour, both as to training for industry and placement. Eleven men are employed in open industry, one in sheltered employment and four undertake casual work on their own account. Two women are engaged in open industry, and three are undertaking work on their own account and two are housewives.

11. Epilepsy.

Epilepsy is another condition which varies considerably in severity from case to case. Records are kept in register form only of the more severe types in which some form of care or regular supervision is required. 92 cases were on the register at the end of the year.

Of the 26 children of school age affected, three are in special residential schools and seven attend the Open Air School. Four also suffer from mental deficiency of such a degree as to bring them within the Mental Deficiency Acts.

Amongst the adult population epilepsy comes to notice as a rule only when assistance is sought to overcome some social need. There is a difficulty from time to time in getting residential accommodation as a matter of urgency though eventually cases have all been placed.

Three men are in epileptic colonies, and seven men also suffering from mental deficiency are in mental deficiency institutions. Six women are in colonies and seven in mental deficiency institutions.

Contact is maintained with the Youth Employment Officer in respect of juvenile epileptics and advice given on the most suitable forms of employment.

Nine men and four women are employed in open industry. One man is employed in a sheltered workshop and two women do casual work. One man and two women attend the social centre for handicraft training.

Visitation, where it is not declined, is undertaken regularly by the district health visitor.

VII. Domestic Help Service.

This service is supervised by a domestic help organiser and the staff consists of 75 part-time home helps. The aim of the service is to give help in the home where circumstances make it difficult or impossible for the family to carry on without assistance. Priority is given to maternity cases, elderly infirm and chronic sick, and cases of sudden incapacitating illness in the home.

Each month, on the average, 613 cases were assisted in this way. The amount of time given to each case varies from three to eight hours a day.

The provision offered by the domestic help service, with that of the night attendant service and the meals and laundry services, helps materially towards keeping the infirm at home and leaving beds in hospitals and institutions free for other more needy cases.

Each application for aid is investigated, an assessment of time required is made, the degree of priority determined and the charge to be paid fixed. The charge is at present 3s. 0d. per hour and reduced payments in accordance with a prescribed scale may be demanded.

Wherever possible, home helps are used to undertake cases best suited to their own ability and temperament.

Table 27. Domestic Help Service.				
1960	Existing	New	Terminated	No. being assisted at the end of the month
January	587	37	35	589
February	589	51	30	610
March	610	14	23	601
April	601	22	11	612
May	612	25	23	614
June	614	27	14	627
July	627	17	15	629
August	629	23	28	624
September	624	18	24	618
October	618	21	12	627
November	627	25	26	626
December	626	28	34	620

VIII. MENTAL HEALTH.

On the 1st November, 1960, the Mental Health Act, 1959, part of which became operative in 1959, became fully operative and this Act replaced the two Acts of Parliament which dealt with persons of unsoundness of mind, the Lunacy Act, and persons suffering from "mental deficiency," the Mental Deficiency Act.

The section of this report which gives in details the number of persons admitted to hospitals is therefore divided into two portions according to the date on which they were admitted to hospital.

1. Administration.

There were no changes in the staff of the Training Centre, "The Elms," Cromwell Road.

A member of the staff at the Training Centre (Miss Dawson) a trainee assistant supervisor, commenced a full-time course of training held in London by the National Association for Mental Health, in September, 1960.

The Mental Welfare Officer (Miss Prescott) appointed in December, 1959, commenced duty in January, 1960.

The Mental Health Staff attended frequently the out-patient Clinics held at Preston Royal Infirmary and Sharoe Green Hospital for case conferences and discussions with the Consultant Psychiatrist.

The female Mental Welfare Officer (Mrs. Broadbent) lectured on "The Work of the Mental Welfare Officer and Community Care" to the students of the Health Visitors' Course held at Bolton. Three of the students came to the department for practical experience.

The two male Mental Welfare Officers (Mr. Morris and Mr. Slater) lectured on "The Senile Patient and Community Care" to a course for Lancashire County Council District Nurses held at Whittingham Hospital on three occasions.

In September, 1960, at the Preston Chamber of Trade Exhibition held in the Public Hall, Preston, the department arranged a stand on various aspects of Mental Health in conjunction with the Preston Society for Mentally Handicapped Children; posters, leaflets, photographs and examples of the various types of handicrafts done by mentally disordered persons were displayed. Members of the Mental Health staff and of the Preston Society being on duty to answer questions asked by members of the public. This display was in connection with the World Mental Health Year, 1960.

2. Account of Work undertaken in the Community.

Lunacy and Mental Treatment Acts.

Number of persons admitted to hospital between 1st January, 1960, and 31st October, 1960:

LUNACY ACT :	<i>Males</i>	<i>Females</i>
Section 20 (3-day Order)	7	4
Section 21 (14-day Order)	22	55
Section 16 (Summary Reception Order)	5	2
	—	—
	34	61
	—	—

Of the 88 cases admitted to hospital under Sections 20 and 21 one male and three females were subsequently detained in hospital under Summary Reception Orders.

MENTAL TREATMENT ACT :		<i>Males</i>	<i>Females</i>
Section 1 (Voluntary Patient)	...	4	1

Number of persons admitted to hospital between 1st November, 1960, and 31st December, 1960 :

MENTAL HEALTH ACT :		<i>Males</i>	<i>Females</i>
Section 25 (Observation)	... ..	7	16
Section 26 (Treatment)	... ..	—	1

Of the 23 cases admitted to hospital under Section 25, one male was detained in hospital under Section 26.

During the year, of the 111 cases admitted to hospital under Sections 20 and 21 of the Lunacy Act and Section 25 of the Mental Health Act, 18 males and 39 females remained in hospital on an Informal basis, Section 5 of the Mental Health Act.

In addition to the above, so far as is known to the department, 51 males and 52 females were admitted to hospital on an Informal basis, Section 5 of the Mental Health Act.

At the request of the Medical Superintendents of Psychiatric Hospitals 66 visits were made and reports given on home conditions and family histories.

During the year 48 males and 76 females discharged from hospital were supervised by the Mental Health Staff by arrangements with the general practitioners and the patients ; also 93 males and 149 females were visited at the request of the consultant psychiatrist or the general practitioners ; 1,790 visits being made for this purpose. Altogether 635 office interviews took place with patients and relatives in connection with mental illness.

Personal Help Service.

With the idea of trying to reach and help those with mental illness at an early stage, the Personal Help Service was continued during the year in conjunction with the consultant psychiatrist.

Anyone with worries or troubles is invited to come along to Saul Street on a Thursday afternoon and discuss them with one of the mental health officers.

Publicity in the form of posters and leaflets is used to bring the service to the notice of the public. Leaflets were available at the stand at the

Chamber of Trade Exhibition, and all general practitioners have been circulated about it. During the year 21 interviews have taken place. The disposal of the cases seen was as follows :—

Advice given at interview	...	...	...	4
Advised to seek legal advice	...	...	...	2
Referred to general practitioners	...	...	...	8
„ Public Health Section	...	...	...	1
„ Ministry of Pensions and National Insurance	...	...	...	1
„ Housing Department	...	...	...	2
„ Citizens' Advice Bureau	...	...	...	3
				<hr/>
				21
				<hr/>

Of those referred to their general practitioner four were ultimately seen by the consultant psychiatrist at his out-patient clinic.

Social Centre for Mentally Disordered Patients.

In May, 1960, a session, held on Friday afternoons, was inaugurated at the Social Centre, Deepdale Road, Preston, for this type of patient.

Occupational Therapy, games, dancing and music are available and the patients are encouraged to take an active part in these activities. Patients also attend concerts held frequently during the winter months at the Social Centre.

An Occupational Therapist and members of the Mental Health Staff attend the Social Centre on Friday afternoons. Transport is provided to and from the Centre in some cases.

During the year 34 patients have attended the Centre with an average attendance of 11 patients per session.

This service has proved a great help to encourage patients to meet people and share, in pleasant surroundings, the company of others and the consultant psychiatrist recommends patients to attend.

Mental Deficiency Acts, 1913 to 1938 and Mental Health Act, 1959.

(Subnormal and severely subnormal persons).

During the year new cases to the extent of 14 males and seven females were reported and one adult male was admitted to the Guardianship of the Local Health Authority under Section 60 of the Mental Health Act, 1959, by order of the Court.

The number of subnormal and severely subnormal persons on "the authority's" register at the end of 1960 was 524, as follows :

				<i>Males</i>	<i>Females</i>
Care of Local Authority	...	...	...	179	163
In hospitals	...	...	...	109	72
Guardianship	...	...	...	1	—
				<hr/> 289	<hr/> 235

Domiciliary Care of Subnormal and Severely Subnormal Persons.

During the year 835 home visits were made by the mental health staff and 186 office interviews took place in relation to subnormal and severely subnormal persons, whilst 66 investigations regarding home and social conditions were made and reports submitted to the Medical Superintendents of Psychiatric Hospitals for such cases.

During the year temporary hospital care was arranged for 14 subnormal or severely subnormal persons, one also being admitted to a private home, to enable their parents to have a holiday or on account of sickness in the family.

Also nine males and three females were admitted to hospital. Two males are in special hospital accommodation provided by the Manchester Regional Hospital Board, but remain on the waiting list for transfer to an appropriate hospital at some future date.

Creche for Mentally Disordered Children.

The Creche at 2 North Road, continues to provide a welcome rest on two afternoons per week for mothers of mentally disordered children who are unsuitable for the Training Centre.

The Creche is open on Tuesday and Thursday afternoons each week between the hours of 1-30 p.m. and 4-30 p.m., transport being provided to and from home by the ambulance service. An average of nine children have attended per session.

Members of the Preston Branch of the National Society for Mentally Handicapped Children staff the Creche voluntarily. The mental health staff visit the Creche regularly, and, in consultation with the honorary secretary of the Society, decide on the suitability of the children for admission.

The arrangement by which suitable children known to the Society from No. 4 Health Division of Lancashire County Council could attend was continued and two such children are attending at present.

The parents of the children have expressed their appreciation of the services provided and of the benefit they derive from having two free afternoons per week.

Youth Club.

The Youth Club for mentally handicapped children continued throughout the year, each Friday between the hours of 7-0 p.m. and 9-0 p.m. at the Social Centre, Deepdale Road.

The premises are provided by this authority and the Preston Branch of the National Society for Mentally Handicapped Children provide the equipment and staff. Games, dancing, music, woodwork and the painting of articles made is provided for, and part of the grounds of the Social Centre provides gardening activities. A party night or concert is arranged once per month during the winter.

There are 42 members on the Register and the average attendance is 35 per session.

A member of the mental health staff attends the Youth Club to give advice when necessary.

Training Centre.

Two students from the Manchester course of training for Training Centre staff organised by the National Association for Mental Health have attended the Centre for practical training.

Table 28 sets out the number of pupils under instruction at the Centre during the year.

Transport to and from the Centre is provided for all pupils who are unable to travel alone and a regular attendance rate has been maintained.

The senior boys have continued to attend Saul Street Baths weekly during the summer months for swimming instruction. An average of ten boys have attended each session. The instructor reports that all the boys have gained confidence in the water and are making satisfactory progress.

During the year a student Health Visitor spent two days at the Centre for observation of work done in Training Centres.

The tutor and five trainee Hospital Welfare Officers, also the tutor and ten students from Preston Borough Day Nurseries paid a visit for observation to the Centre.

The Centre was visited by Members of the Preston Borough Health Committee on the 3rd August, 1960, and Dr. Roberts, Deputy Medical Officer of Health for Southport on the 9th November, 1960.

An "Open Night" was held on the 9th November, 1960, when a large number of parents, relatives and friends attended and saw an exhibition of the work done by the pupils and watched a display of country dancing by a mixed group of senior pupils.

The annual Christmas Party was held on the 21st December, 1960, and was attended by the Mayor and Mayoress and members of the Health Committee. A film show was given by Mr. Jehan, Preston Road Safety Officer, and Father Christmas distributed gifts to the pupils.

A party of 27 males accompanied by three members of the staff, were taken for a week's holiday to the National Association for Mental Health's Holiday Home at Rhyl, at Whitsuntide. Transport was provided by the local authority and financial assistance was given in deserving cases. A most enjoyable time was had in glorious weather, including a trip to Chester Zoo, and all benefited from the change of environment and surroundings.

Table 28. Pupils in attendance at the Training Centre during 1960.									
	Number of cases under instruction on 1.1.60		Number of new cases admitted during the year		Number Discharged		Number on Register on 31.12.1960		
	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
County Borough	9 9	8 6	4 3	— —	— 1	3 —	11 11	7 6	
County Council	4 7	3 3	2 2	— —	1 1	— —	5 7	3 4	
	13 16	11 9	6 5	— —	1 2	3 —	16 18	10 10	

IX. DOMICILIARY, MEDICAL, PHARMACEUTICAL, DENTAL AND OPHTHALMIC SERVICES.

I am indebted to Mr. Webster, Clerk to the Preston Executive Council, for the following statement on the medical, pharmaceutical, dental and ophthalmic services administered by the Preston Executive Council :—

General Medical Services.

The number of patients registered on doctors' lists at 1st April, 1961, was 118,237. Medical Services were provided by 76 practitioners, 40 of whom were resident in the Borough, and 70 of whom were also included in the Council's Obstetric list for the provision of Maternity Medical Services.

DESCRIPTION OF MATERNITY MEDICAL SERVICES PROVIDED :

Number of patients receiving complete services	...	...	617
„ patients receiving ante-natal services only	...	...	131
„ patients receiving post-natal services only	...	...	10
„ cases in which the doctor attended confinement			315

The total gross payment for General Medical Services for the year was £217,595 5s. 1d. including £5,562 10s. 0d. for Maternity Medical Services.

Pharmaceutical Services.

On the 1st April, 1961, there were 49 chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and 15 contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, and one hour each Sunday, Local and Bank Holiday, continued to operate satisfactorily throughout the year.

During the year 29 test prescriptions were taken, 28 of which were satisfactorily dispensed.

Payments made by the Council for the supply of medicines and appliances amounted to £247,337 3s. 3d. including £863 10s. 6d. for Rota Services.

Charges paid by patients towards this part of the Service amounted to £41,273 7s. 7d. 776,482 prescriptions were dispensed by Chemists during the year.

General Dental Services.

At the 1st April, 1961, there were 35 Dental Practitioners on the Council's Dental List. The total cost to the Council for the supply of dental appliances, extractions and conservative treatment was £151,276 18s. 11d. The charges paid by patients towards such treatment amounted to £36,503 3s. 9d.

Supplementary Ophthalmic Services.

At the 1st April, 1961, there were two Ophthalmic Medical Practitioners ; 20 firms of Ophthalmic Opticians and one firm of Dispensing Opticians on the Council's Ophthalmic List. 24,639 applications for glasses were received during the year, as compared with 24,293 the previous year. Of the number of sight tests provided 19,184 cases were supplied with glasses under the Health Service. Applications for replacement or repair of glasses totalled 1,034 of which 796 were approved.

The total cost to the Council for this branch of the Service was :

	£	s.	d.
Sight Test	20,174	9	8
Supply and Repair of glasses ...	£46,338	16	9
Less Paid by patient	22,739	11	11
	<hr/>	23,599	4 10
		<hr/>	<hr/>
		£43,773	14 6

X. PATHOLOGICAL AND LABORATORY SERVICE.

There has been close co-operation with the Group Laboratory and the Public Health Laboratory in the investigation into outbreaks of infectious disease and general epidemiological problems. A record of the work done on behalf of the department is given in the table below :—

<i>Number of Specimens examined</i>				<i>Public Health Department</i>	<i>V.D. Department</i>
Bacteriology	...	...	...	56	—
Chemistry ...	...	...	...	4	—
Inoculations	...	...	...	—	—
Serology ...	...	...	...	—	163
Haematology	...	...	...	1,466	—
Total number of specimens examined				1,526	163

XI. NATIONAL ASSISTANCE ACTS, 1948 and 1951.

Removal to suitable premises of persons in need of care and attention.

No action necessitating the removal of persons in need of care and attention was taken during the course of the year.

Prevalence and Control of Infectious Disease

The main epidemiological features relating to infectious diseases in Preston during 1960 were the high incidence of dysentery in the early months of the year and the occurrence of a minor epidemic of whooping cough, which reached its highest incidence since 1956. 118 cases occurred throughout the year, the greatest number being during the second quarter and the highest rate being in children under five years old who had not been immunised.

There was a marked fall in the number of cases of scarlet fever, less than a third of those notified in 1959.

Pulmonary tuberculosis reached a record low figure of notification, a tribute to the unceasing war that has been waged over the years against what was once known as "the captain of the men of death."

Infective hepatitis showed a marked fall compared with 1959 although the incidence remained higher than in previous years since 1956 when it first became notifiable.

Specific preventive measures continued to demonstrate their inestimable value in the complete absence of smallpox and diphtheria from the town, and surely the fact that there were no cases of poliomyelitis in Preston for the second year running is in no small measure due to the unceasing campaign for vaccination against this crippling disease which has been waged since 1956.

More detailed remarks on the occurrence of the individual diseases and the preventive measures taken, including immunisation, appear in the subsequent pages.

Table 29 gives the annual notifications over the past ten years.

Table 29
Number of notifications grouped according to year and disease.

DISEASE	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Smallpox	—	—	—	—	—	—	—	—	—	—
Diphtheria	1	—	—	—	—	—	—	—	—	—
Scarlet Fever	382	407	516	156	152	170	59	236	319	101
Measles	1157	1757	302	1531	759	1220	1142	828	1503	777
Whooping Cough	303	329	246	245	17	274	106	7	18	118
Pneumonia (Primary and Influenzal)	104	57	46	65	53	50	64	50	92	52
Acute Encephalitis	3	1	—	—	—	1	—	—	4	—
Acute Poliomyelitis	5	2	35	1	11	4	3	16	—	—
Meningococcal infection	—	6	—	—	1	1	8	3	1	5
Typhoid Fever... ..	—	1	1	—	1	—	—	—	—	—
Paratyphoid Fever	6	—	—	—	1	2	—	—	1	—
Dysentery	147	86	258	376	189	351	79	71	336	651
Food Poisoning	36	31	353	48	51	36	24	21	31	51
Erysipelas	9	5	17	13	7	10	6	3	7	7
Tuberculosis, Pulmonary	111	114	100	72	61	60	49	43	48	39
Tuberculosis, Non-Pulmonary	31	20	30	21	13	10	11	8	3	4
Puerperal Pyrexia	17	8	33	38	43	50	39	39	32	44
Ophthalmia Neonatorum	5	—	3	2	5	5	8	4	8	4
Malaria	1	—	—	—	1	—	—	—	—	2
Infective Hepatitis	—	—	—	—	—	22*	18	59	262	168

* From 17.9.56 when the disease was made notifiable.

Table 30 gives the cases notified during the present year arranged according to disease and age at notification.

Table 30.
Notifiable Infectious Diseases (excluding Tuberculosis)
occurring during the year, showing age grouping, degree of
hospitalisation and mortality.

DISEASE	CASES NOTIFIED														Cases admitted to hospital	DEATHS
	Under 1	1—	2—	3—	4—	5—	10—	15—	25—	35—	45—	65 and over	Age unknown	TOTAL		
Scarlet Fever	—	—	8	9	16	49	18	1	—	—	—	—	—	101	26	—
Measles	30	91	89	122	143	292	9	—	—	—	—	—	1	777	8	—
Whooping Cough	19	9	10	14	16	47	1	1	1	—	—	—	—	118	13	—
Acute Pneumonia (Primary and Influenzal)	7	1	2	4	—	1	1	3	2	1	18	10	2	52	10	52
Puerperal Pyrexia	—	—	—	—	—	—	—	13	24	6	—	1	—	44	40	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	6	1	—	7	1	—
Dysentery	37	39	63	59	35	136	46	42	60	26	37	10	61	651	4	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	2	—	—	—	—	3	—	—	—	—	—	—	—	5	5	—
Acute Anterior Poliomyelitis and Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	4	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—
Food Poisoning	2	1	3	3	1	6	4	4	2	7	7	9	2	51	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2	—
Infective Hepatitis	—	—	4	3	4	82	37	17	11	3	3	4	—	168	3	—
	101	141	169	214	205	616	115	83	100	43	71	35	66	1975	99	52

Smallpox.

Smallpox was again absent from the town and port. Vaccination is not offered as a direct service by the staff of the Health Department, but is carried out by general practitioners and about one third of the infants are vaccinated in the first year of life.

The relatively very large number of vaccinations done on adults aged over fifteen years is due to the vaccinations performed in Preston Prison by the prison medical officer and members of the medical staff of the Health Department following the admission on October 7th, 1960, of twelve prisoners from Wormwood Scrubs Prison which had been visited three days before by a man subsequently found to have been suffering from smallpox.

Table 31.
Vaccination against Smallpox.

	Under 1 Year.	1—4 Years.	5—14 Years	15 years or over.	Total
Number vaccinated ...	603	21	15	43	682
Number re-vaccinated ...	—	—	—	678	678
Total	603	21	15	721	1360

Diphtheria.

No case of diphtheria has occurred in Preston since 1951. The arrangements for immunisation and re-immunisation continued unchanged, Glaxo combined Diphtheria/Whooping Cough vaccine being the elective antigen, but a number of general practitioners employed Glaxo Triple Antigen. Towards the end of the year it was decided to introduce Tetanus within the mass immunisation scheme and from the end of the year Triple antigen will be in general use.

As can be seen from Tables 32 and 33 the number immunised in 1960 rose by about 400 compared with the previous year which reflects widespread awareness among the general population that the danger from diphtheria has not been banished from our midst as small local outbreaks in various parts of the country from time to time serve to emphasise. Also no doubt increased efforts on the part of the Health Department to secure parental consent played their part.

Table 33.
DIPHTHERIA IMMUNISATION INDEX
31st December, 1960.

Age on 31.12.60 (i.e., born in year)	Under 1 1960	1—4 1956-1959	5—9 1951-1955	10—14 1946-1950	Under 15 Total
A. Number of children whose last course was completed in the period 1956-60.	224	4,365	5,774	5,695	16,058
B. Number of children whose last course was completed in the period 1955 or earlier.	—	—	1,842	4,522	6,364
C. Estimated mid-year child population.	1,920	6,980	16,700		25,600
Immunity Index 100 A/C.	11.67	62.54	68.68		62.73

Measles.

There was very little measles during the first six months of the year, but starting in July the incidence became high and remained so for the rest of the year. Almost all the cases occurred in children in the first ten years of life. The illness was generally mild and no deaths were reported.

Whooping Cough.

In last year's report reference was made to some increase in incidence in the latter weeks of the year and the disease ultimately appeared in minor epidemic form in 1960. A total of 118 cases occurred of whom 68 were under the age of five years. No death from the disease occurred.

Of the 68 cases occurring under five years of age, nine had at some time previously been immunised giving an attack rate of 0.20 per 100 immunised as opposed to 1.34 amongst the unimmunised, a difference of about seven times in favour of the immunised group. The relative incidence amongst the immunised and unimmunised children under 5 years of age in each of the past eight years is set out in Table 37.

This epidemic phase which was petering out by the end of the year is the smallest recorded in Preston, its appearance was markedly delayed and its peak occurred some 45 months after the peak of the preceding epidemic and just over half, 58% of the cases, occurred below the age of five years. These facts are better seen in the graph on page 65.

Here again is striking testimony to immunisation. There is a strong probability that if we can push the immunisation rate for under five years up another 10% whooping cough will become a disease recorded only in the text books.

Tables 34, 35 and 36 set out the immunisation state at the end of 1960 and the amount of immunisation done in the past fifteen years. The presence of infection in the town proved an incentive and the total number of children immunised was a distinct improvement on the previous year.

Table 34. WHOOPING COUGH IMMUNISATION INDEX 31st December, 1960.					
Age on 31.12.60 (i.e., born in year)	Under 1 1960	1—4 1956-1959	5—9 1951-1955	10—14 1946-1950	Under 15 Total
A. Number of children whose last course was completed in the period 1956-60.	225	4,267	4,673	374	9,412
B. Number of children whose last course was completed in the period 1955 or earlier.	—	—	1,413	1,081	2,494
C. Estimated mid-year child population.	1,920	6,980	16,700		25,600
Immunity Index 100 A/C.	11.72	61.13	30.22		36.77

Whooping Cough Notifications, subdivided into quarter years

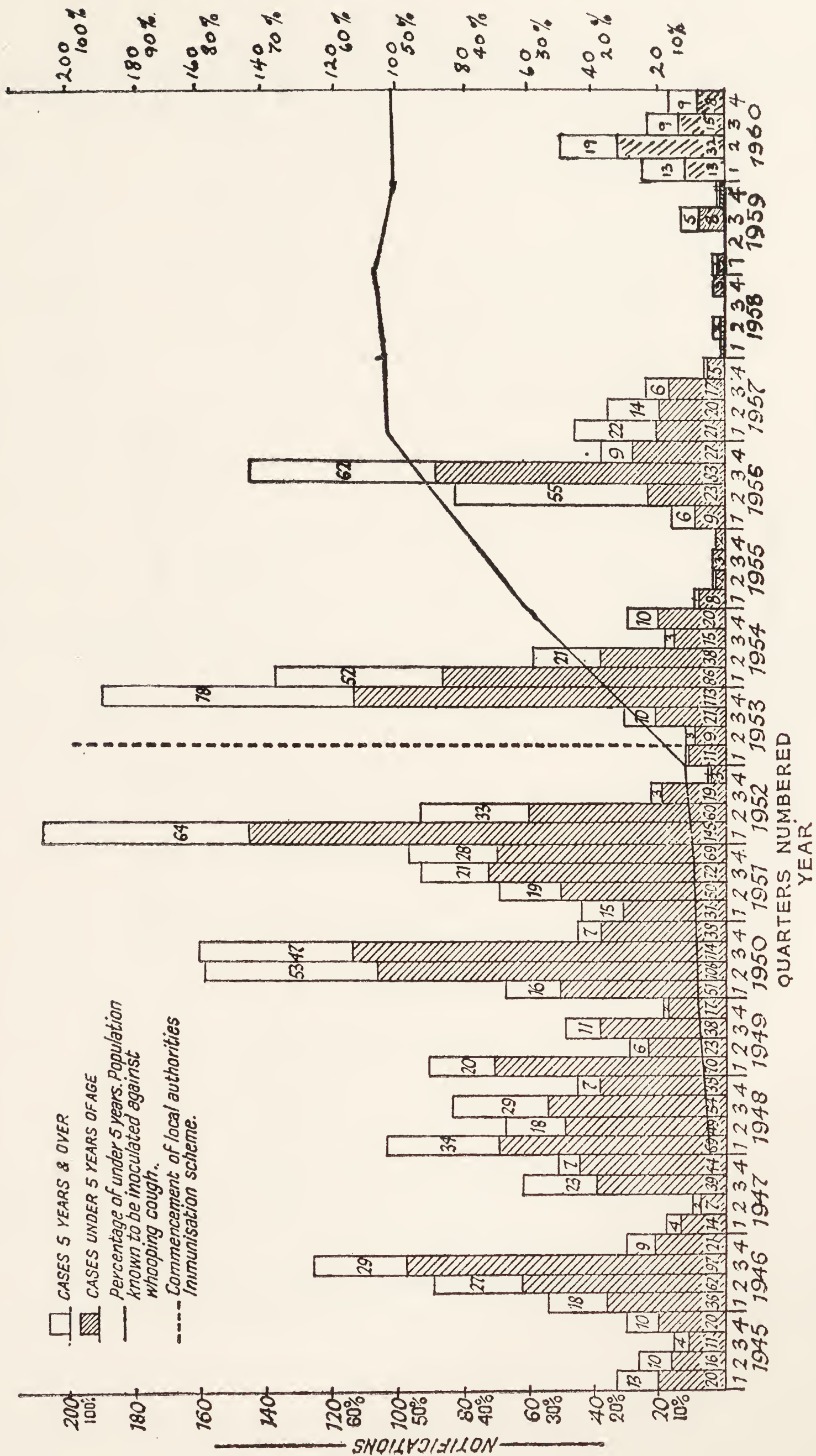


Table 35.
Whooping Cough Immunisation.

Number of Children receiving a full primary course of immunisation.

YEAR WHOOPING COUGH IMMUNISATION COMPLETED		YEAR OF BIRTH															
Annual Births		1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Total
		2380	2574	2219	2170	2101	1962	1960	1914	1823	1832	1843	1933	1864	1964	2023	
1946	1																1
1947	77	10															87
1948	35	46	4														85
1949	20	76	66	13													175
1950	5	16	27	54	15												117
1951		3	21	53	87	22											186
1952	3	8	8	17	62	101	45										244
1953	1	11	32	66	121	193	750	131									1305
1954	4	11	28	33	48	85	172	813	173								1367
1955	2	1	7	61	32	31	47	126	773	187							1267
1956	1	—	8	29	69	52	42	53	112	807	210						1383
1957				1	3	11	40	22	44	110	782	192					1248
1958		1	1	—	6	17	72	88	56	74	136	890	200				1541
1959			2	—	8	4	10	82	78	25	45	119	685	192			1250
1960					2	3	13	22	101	59	39	51	186	871	228		1578
Total	149	183	205	331	462	551	1191	1337	1337	1337	1262	1212	1252	1071	1063	228	11834

Table 36.
Whooping Cough — Re-Inforcement Injections

Year of Injection	YEAR OF BIRTH													Total
	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	
1955	—	2	5	85	131	1	—	—	—	—	—	—	—	224
1956	2	2	3	10	132	159	9	1	—	—	—	—	—	318
1957	9	3	2	3	9	150	318	6	3	—	—	—	—	503
1958	1	5	2	2	11	16	408	465	5	2	—	—	—	917
1959	—	2	6	6	11	16	30	347	382	4	3	—	—	807
1960	—	1	2	21	9	8	17	40	376	403	10	1	1	889

Table 37.
Whooping Cough Incidence in Association with Immunisation.

Year	0—4 Years						5 + Years	
	Popula- tion	No. Immu- nised	Total Cases				Total Cases	
			Unim- munised	Group Attack Rate per 100	Immu- nised	Group Attack Rate per 100	Unim- munised	Immu- nised
1953	9,400	1,730	148	1.9	3	0.17	95	0
1954	9,200	2,818	153	2.4	7	0.25	85	0
1955	8,900	3,649	10	0.2	5	0.14	2	0
1956	8,800	4,441	126	2.9	16	0.36	124	8
1957	8,700	4,535	55	1.3	8	0.17	38	5
1958	8,700	4,679	3	0.07	2	0.04	2	0
1959	8,700	4,373	9	0.21	2	0.04	6	1
1960	8,900	4,492	59	1.34	9	0.20	37	13

Poliomyelitis.

For the second year in succession no cases of poliomyelitis were reported in Preston. It appears more than likely that the intensive national and local campaign for vaccination against the disease started in 1956 has played a big part in the achievement of this most desirable state of affairs.

In February the age limit for vaccination was raised to 40 years and 2,443 persons aged between 25 and 40 years received two injections of the vaccine. Vaccination of other age groups continued throughout the year with the results shown in Tables 38 and 39.

Table 38.
POLIOMYELITIS VACCINATION

Number in the different groups who have received two injections, in year.

Year of Completion of Vaccination	0-14 yrs.	15-25 yrs.	26-40 yrs.	Expectant Mothers	Other Special Classes	TOTAL
1956 	347	—	—	—	—	347
1957 	2,345	—	—	—	—	2,345
1958 	9,254	2,432	—	406	417	12,509
1959 	11,860	6,271	—	868	101	19,100
1960 	1,615	599	2,443	408	151	5,216
				TOTAL	...	39,517

Table 39.
POLIOMYELITIS VACCINATION
Children given two injections — numbers according to years of birth.

		YEAR OF BIRTH													Total up to 15 yrs. of age		
		1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958		1959	1960
Year of Completion of Vaccination	1956	—	29	25	37	43	65	66	49	33	—	—	—	—	—	347	
	1957	3	432	341	361	303	198	186	200	172	145	1	—	—	—	2,342	
	1958	849	392	401	388	405	424	468	475	528	687	881	882	189	—	6,969	
	1959	966	1127	926	846	839	793	734	717	497	360	401	494	1019	203	9,922	
	1960	1	4	5	18	14	16	18	20	38	42	57	64	140	953	225	1,615
Total No. Vaccinated		1819	1984	1698	1650	1604	1496	1472	1461	1268	1234	1340	1440	1348	1156	225	21,195
Estimated Population		1900	2054	1775	1734	1680	1570	1570	1532	1721	1716	1692	1774	1711	1803	960*	25,192
Percentage of Population Vaccinated		95.72	96.58	95.68	95.17	95.45	95.28	93.76	95.37	73.67	71.91	79.20	81.17	78.77	64.10	23.44	84.12

* Estimated population of children over 6 months of age.

Table 40.
POLIOMYELITIS VACCINATION
Third Injections

Table 40.																						
POLIOMYELITIS VACCINATION																						
Third Injections																						
Year of Completion of Vaccination	Born before 1933 but under 40 years old	Born 1933 to 1942	Other Special Grps.	Ex. M.	YEAR OF BIRTH														Total			
					1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956		1957	1958	1959
1958	—	1	7	1		8	2	25	23	33	42	53	46	36	33	5	4					319
1959	—	3474	434	368	614	757	769	878	1005	952	908	912	827	863	851	812	877	919	941	427	—	17,588
1960	868	4366	140	793	481	529	580	800	845	636	608	565	524	477	464	326	246	273	330	749	513	15,113
Total ...	868	7841	581	1162	1095	1286	1357	1680	1875	1611	1549	1519	1404	1386	1351	1171	1128	1196	1271	1176	513	33,020

Meningococcal Infection.

Five cases of meningococcal infection, occurring in children under ten years old were reported during the year. All were admitted to hospital and all recovered.

Dysentery.

The sharp upsurge of cases noted in the last quarter of 1959 continued well into 1960 reaching epidemic proportions in the first quarter when 480 cases were notified. The disease affected all age-groups and both sexes. All the day nurseries were involved the greatest number occurring at Isherwood Street where 38 out of 55 children and six out of 14 of the staff were affected in January. The incidence remained high until June, but from July until the end of the year notifications remained at a low level.

A total of 651 cases were notified during the year. The disease was generally mild and no deaths were reported. All the bacteriologically positive cases showed *Shigella sonnei* except for one infection with *Shigella flexner*.

Enteric Fever.

Two cases of paratyphoid B infections occurred. The first was a symptomless excretor of *Salmonella paratyphi* B, phage type Scarborough, who worked as a school meals server in a Preston school and was discovered when a faeces sample was taken from her as a contact of her son who had been notified as a case of diarrhoea and vomiting. Investigations of her family and of all her contacts at work revealed no other infected person. She was excluded from work and treated by her general practitioner. Post-treatment specimens were negative and she was allowed to return to work after about seven weeks absence. Check samples were obtained from her after her return to duty and they all gave negative results.

The other case was that of a female infant aged three years who was admitted to Deepdale Hospital as a case of gastro-enteritis and was found to be suffering from an infection with *Salmonella paratyphi* B, variety Odense, phage type 1. Samples obtained from the other members of her family revealed no other infected person. The source of her infection was not discovered. She made a good recovery in hospital and was discharged free from infection.

Food Poisoning.

Fifty-one cases were notified, no large outbreaks occurred, but two involved more than two members of the same family. In the first, three children were found to be suffering from infection with *Salmonella heidelberg*, and their mother was found to be a symptomless excretor. In the other a girl of 17 was admitted to Deepdale Hospital suffering from an enteric-like illness subsequently found to be an infection with *Salmonella virchow*. She was moderately ill but made a good recovery. Investigation of her home contacts showed her father and sister to be symptomless excretors of the same organism. Investigation failed to reveal the origin of this infection.

The other instances where infection with a specific food poisoning organism was confirmed were all single sporadic cases.

Scarlet Fever.

The upward trend in incidence of scarlet fever noted in 1958 and 1959 was halted in the first quarter of the year and from then onwards a marked fall took place in the number of cases notified. Notifications totalled 101 in 1960 compared with 319 in 1959, only 26 being admitted to hospital. The disease remained mild in character and caused no deaths.

Infective Hepatitis.

During 1960 there were 175 notifications of infective hepatitis, of which 168 were confirmed cases. This gives an incidence greater than in any year prior to 1959, when there were 262 confirmed cases. A majority of the cases occurred during the first four months of the year, since when there has been an average of twelve cases each month. Table 41 gives the seasonal incidence in the last five years.

Whilst the cases were scattered throughout the town, over half of them were in the Ribbleton, Deepdale and St. Matthew's wards, the west districts having evident immunity after a high incidence in 1959.

Nearly three-quarters of the cases were school children (average 8-9 years) and only ten were of pre-school age. The accompanying graph shows the incidence according to age for the years 1956-1960.

The disease was predominantly mild in children, and in all age groups there were no very severe cases.

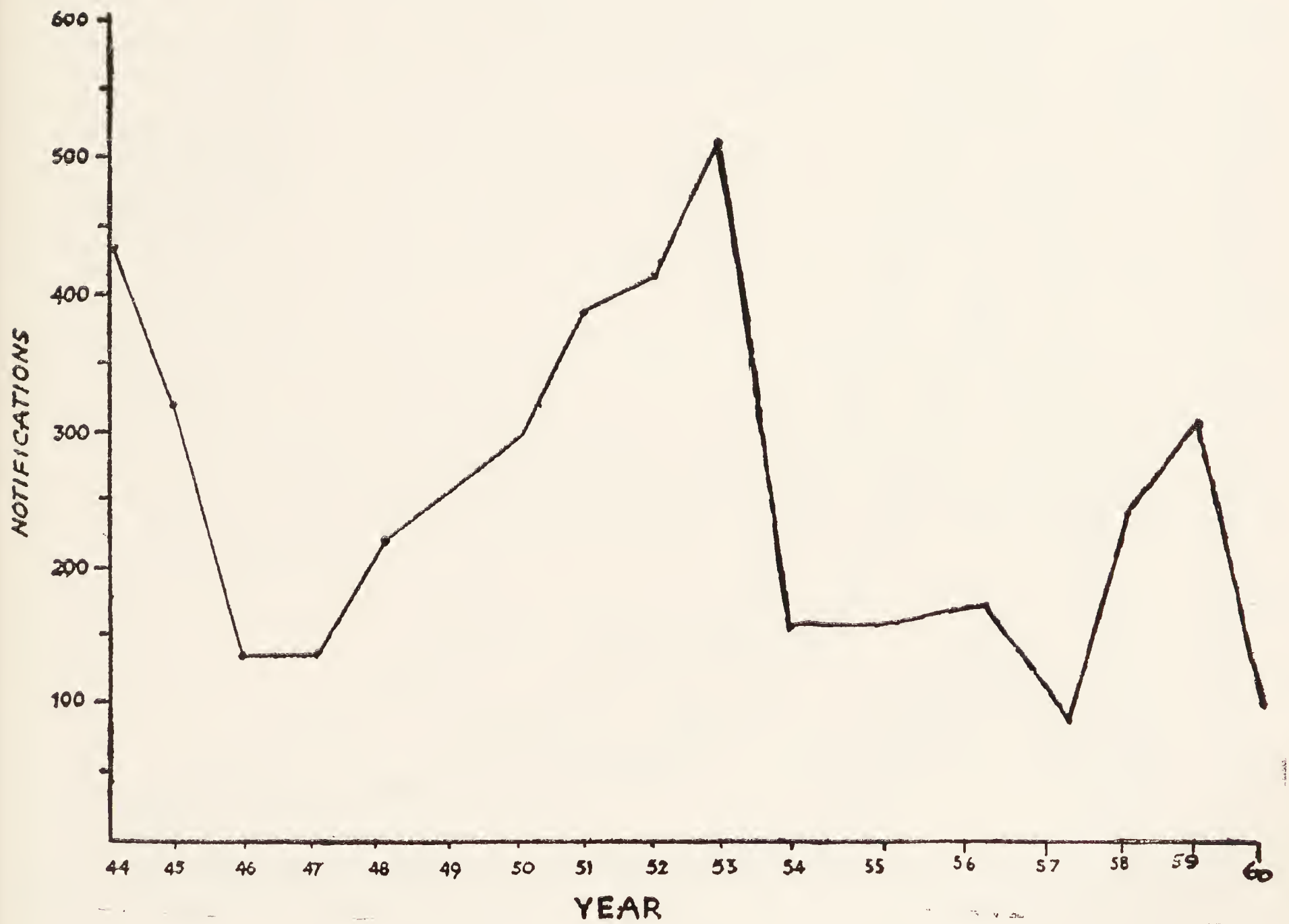
This year there was again no evidence that injections played any part in the transmission of the disease, while investigations contraindicated communal feeding in schools as a mode of spread.

Infective hepatitis accounts for considerable loss of time from school or work for the individual concerned. Three weeks for children and a month for adults were average periods for absence from school or work.

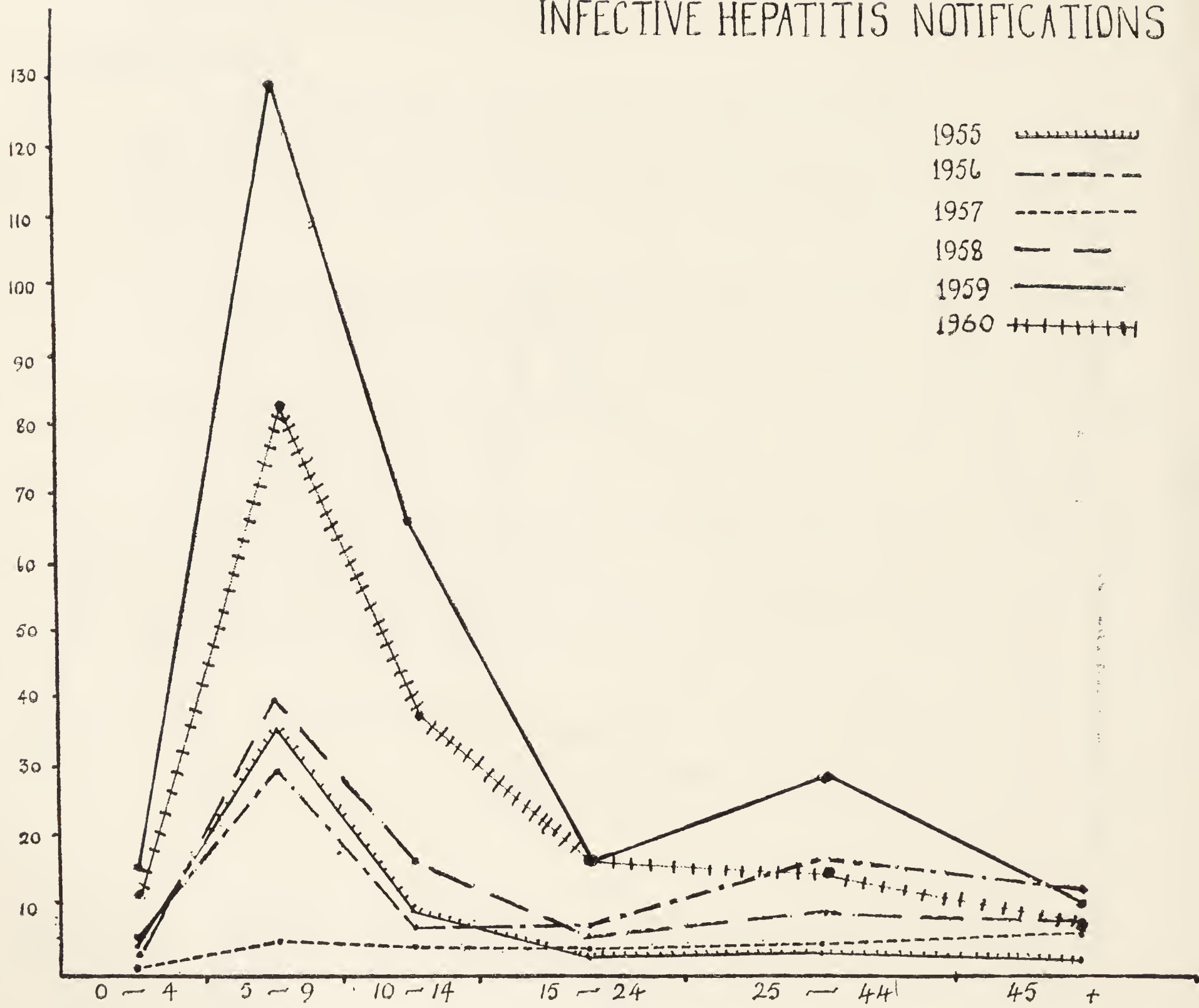
Table 41.
Infective Hepatitis.
SEASONAL INCIDENCE.

<i>Month</i>				<i>Year</i>				
				1956	1957	1958	1959	1960
January	...	...	...	6	5	2	35	19
February	...	...	...	—	1	3	18	13
March	...	...	...	7	1	—	16	25
April	...	...	...	8	2	—	26	25
May	...	...	...	7	1	1	30	11
June	...	...	...	10	1	4	20	10
July	...	...	...	3	1	8	26	10
August	...	...	...	3	2	10	15	11
September	...	...	...	*7	—	7	18	15
October	...	...	...	9	4	13	26	11
November	...	...	...	9	—	14	22	11
December	...	...	...	1	—	6	10	17
				70	18	68	262	168

* Notifiable from 17.9.56

INCIDENCE OF SCARLET FEVER, 1944-60

INFECTIVE HEPATITIS NOTIFICATIONS



Tuberculosis.

Formal notification of a diagnosis of tuberculosis was received in respect of 43 persons, eight less than for 1959. The number of respiratory infections notified 39, was a record low number. Table 42 shows the site affected together with the age group of those involved.

Table 42.														
Age periods	FORMAL NOTIFICATION													
	No. of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total All Ages
Respiratory, Males ...	—	—	—	—	1	5	4	2	2	5	1	2	2	24
Respiratory, Females ...	—	—	—	—	2	2	3	2	1	4	—	1	—	15
Non-Respiratory, Males ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Respiratory, Females ...	—	—	2	—	—	—	—	2	—	—	—	—	—	4

Table 43 gives the number of persons, classified according to sex and site of disease, on the tuberculosis notification register at the end of the year, together with the number of cases removed from the register during the year and the reasons therefor.

Table 43. Notification Register.							
	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases of Tuberculosis remaining on the 31st December, 1960, on the Register of Notifications kept by the Medical Officer of Health ...	304	236	529	44	61	105	634
Number of cases removed from the Register during the year by reason, <i>inter alia</i> , of :—							
1. Withdrawal of notification ...	1	—	1	—	—	—	1
2. Recovery from the disease... ..	45	18	63	4	6	10	73
3. Deaths (all causes) ...	16	2	18	1	—	1	19
4. Outward Transfers ...	6	11	17	1	1	2	19
5. Otherwise (Lost sight of, etc.) ...	14	—	14	—	1	1	15

Table 44.
Tuberculosis.

Population	Year	No. of cases notified		Rates per 1,000 population		No. of Deaths		Rates per 1,000 population	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
126100	1930	150	97	1.19	.77	100	25	.79	.20
120100	1931	133	84	1.12	.71	82	21	.69	.18
118500	1932	116	65	.98	.55	89	21	.75	.18
117800	1933	96	67	.81	.57	89	10	.76	.08
117490	1934	133	48	1.13	.41	85	14	.72	.12
116200	1935	96	44	.83	.38	70	12	.60	.10
115200	1936	131	44	1.14	.38	68	12	.59	.10
113600	1937	121	49	1.07	.43	77	19	.68	.17
113600	1938	103	44	.91	.39	69	19	.61	.17
112800	1939	95	27	.84	.24	73	15	.65	.13
108500	1940	104	47	.96	.43	63	8	.58	.07
111490	1941	110	43	.99	.39	68	22	.61	.20
110000	1942	133	46	1.21	.42	79	12	.72	.11
109100	1943	138	39	1.26	.36	74	18	.68	.16
108190	1944	129	38	1.19	.35	56	10	.52	.09
108480	1945	114	39	1.05	.36	54	21	.50	.19
114070	1946	134	21	1.17	.18	52	12	.46	.10
116520	1947	103	17	.90	.15	59	5	.51	.04
118130	1948	104	23	.88	.19	66	10	.56	.08
119500	1949	107	22	.90	.18	48	9	.40	.08
120300	1950	86	29	.71	.24	35	7	.29	.06
118100	1951	97	27	.82	.23	41	5	.35	.04
119200	1952	103	19	.86	.16	27	1	.23	.01
118900	1953	82	29	.69	.24	26	1	.22	.01
118400	1954	79	19	.67	.16	22	1	.19	.01
117400	1955	61	13	.52	.11	19	—	.16	—
117200	1956	60	10	.51	.08	11	1	.09	.01
116200	1957	49	11	.42	.09	13	—	.11	—
115100	1958	43	8	.37	.07	11	1	.09	.01
114200	1959	48	3	.42	.03	5	1	.04	.01
113460	1960	39	4	.34	.03	7	1	.06	.01

Prevention of Illness, Care and After-Care as applied to Tuberculosis.

Active search amongst the contacts of known cases of tuberculosis was carried out at the chest clinic throughout the year and 897 contacts were examined, of whom two were diagnosed as suffering from pulmonary tuberculosis.

Tuberculin tests continued to be performed at toddlers' clinics using the Heaf Test.

From 1st August, 1960, this testing was confined to children of four years old instead of being done at yearly intervals from the age of two years as previously. 457 children were tested and ten gave positive reactions. Of these positive reactors, eight had been given B.C.G. vaccine previously, of the remaining two, one was investigated at the chest clinic and was found to have no active tuberculous lesion, nor was any evidence of active tuberculosis found among the home contacts. The other child left Preston soon after being tested before investigation at the chest clinic could be carried out.

Of the total visits carried out by health visitors during 1960 4% were in respect of tuberculous households. There were 43 first visits on notification and 965 follow-up visits. This work was shared by all the health visitors. A health visitor attended the chest clinic with the chest physicians until 31st March, 1960, when her services were dispensed with owing to staffing reorganisation. After that date a health visitor attended at the contact clinic only, in the capacity of social worker.

B.C.G. Vaccination.

B.C.G. vaccination against tuberculosis was continued during 1960. Those vaccinated were 13-year-old school children and tuberculin negative contacts of cases of the disease. Consents for vaccination were received for 1,523 school children of 13 years of age representing 67.18% of the estimated population of 2,267 and compared with 57.4% consenting in 1959. A total of 1,219 children of this age group were vaccinated during the year.

Detailed figures for B.C.G. vaccination of school children are given below in Table 45.

Table 45.
B.C.G. Vaccination of thirteen-year-old school children.

	1954	1955	1956	1957	1958	1959	1960
No. tuberculin tested	925	1,037	1,039	982	1,071	1,033	1492
No. of tuberculin positives	249	253	286	269	245	190	265
Percentage positive reaction to total tuberculin tested	26.9	24.4	27.5	27.4	22.9	18.4	17.76
No. of tuberculin negatives	675	784	753	713	824	843	1227
No. vaccinated	675	784	745	705	804	820	1219
No. of vaccinated who were tuberculin negative at 12+ weeks after vaccination	4	184	3	7	83	49	24

In addition to the vaccinations performed on 13-year-old school children, 121 tuberculin negative contacts of the disease were vaccinated by the chest physician.

Follow-up of Strongly Positive Reactors to the Heaf Test.

Starting in October, 1960, strongly positive reactors to the routine Heaf Test of 13-year-old school children, Grades III and IV reactors, were referred to the chest clinic for investigation, along with the names of their home contacts for any investigations considered necessary by the chest physician. A total of 47 such children was referred and by the end of the year reports had been received on ten of them and their families. No cases of active tuberculosis were discovered amongst the positive reactors, but seven of them are being kept under observation by the chest physician. None of their family contacts were found to be suffering from active tuberculosis, but the father of one girl was an old known case of pulmonary tuberculosis and was attending the chest clinic annually. The brother of another girl was a known old case of tuberculous neck glands and another of her brothers was attending the chest clinic for non-tuberculous lung condition. Ten of these contacts were placed under observation.

Care and After-Care.

The night sanatorium arrangements remained unchanged in 1960. At the beginning of the year one chalet was occupied, three patients were admitted and two patients were discharged during the year. Two chalets were vacant at the end of the year. The average length of stay was 181 days.

Provision of Milk.

The provision of milk, either free or at reduced prices, to tuberculous patients continued throughout the year and 24 persons received such supplies.

Nursing and Ancillary Equipment.

A full range of equipment for the domiciliary care of the sick is available on loan or otherwise and has been drawn upon as required.

Treatment of Scabies and Verminous Heads.

Ellen Street and Cuttle Street continue to be used as cleansing centres, mainly for the treatment of scabies and head louse infestation.

Head louse infestation is treated as follows. First a general shampoo with green soft soap is given and the hair combed with a fine-toothed comb. The hair is rubbed dry and an emulsion containing D.D.T. and pyrethrins is applied. This is left on for 24 hours and is then washed off at home by the parent using a medicated shampoo. This loosens nits and the fine-toothed comb is used again to complete their removal. A week later the child has a further application of the D.D.T. emulsion at the centre which is again left on for 24 hours and then washed off with the medicated shampoo. The application of the emulsion and the washing with the shampoo continues weekly until the child and family contacts are considered clear of infestation.

Table 46 shows figures for the treatment given during 1960.

The increase in cases dealt with may be partly due to the fact that the staff member who does the cleansing was off work ill for eleven weeks in 1959. Also during 1960 the equivalent of one more clinic nurse was employed in the school health service compared with 1959.

Table 46.

	ELLEN STREET				CUTTLE STREET			
	Scabies		Verminous Heads		Scabies		Verminous Heads	
	Cases	Treat-ments	Cases	Treat-ments	Cases	Treat-ments	Cases	Treat-ments
Men	2	2	—	—	—	—	—	—
Women	4	5	5	5	—	—	—	—
Boys (under 14) ...	19	27	392	392	—	—	900	900
Girls (under 14) ...	5	7	2148	2148	—	—	2517	2517
TOTAL ...	30	41	2545	2545	—	—	3417	3417

Venereal Disease.

The arrangements relating to the control of venereal disease remained unchanged during the year. The venereal diseases social worker continued to function under the direction of the consultant at the clinic in Preston Royal Infirmary. Some 250 letters were sent out from the clinic and home visits were paid in 25 cases.

Routine enquiry continues to be made on all ships by the port health inspector and generally speaking seamen do not hesitate to come forward for treatment. Seamen seen at the clinic during the year numbered 37 as opposed to 44 in the previous year.

As will be seen from Table 47 the incidence of syphilis remains almost static, but the steady increase in cases of gonorrhoea noted in previous years continued with added momentum, there being an increase of almost 50% in cases compared with 1959.

Table 47.
Venereal Disease—New Cases.

	1960	1959	1958	1957
Gonorrhoea ...	151	105	90	62
Syphilis ...	13	15	16	25

Sanitary Circumstances of the Area.

1. Water.

Water supplies come from the newly established Preston and District Water Board and continue to be ample in quantity and excellent in quality. No major changes in supply took place during the year.

2. Public Swimming Baths.

The following information has been supplied by the Baths Superintendent :

All public swimming baths within the Borough are controlled by the Municipal Authority. They consist of :

THREE OPEN-AIR POOLS

<i>Situation</i>		<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Moor Park ...	...	100 ft. × 50 ft.	109,400 gals.	3 hours
Haslam Park ...	...	100 ft × 50 ft.	148,500 gals.	4 hours
Ribbleton Park ...	...	100 ft. × 50 ft.	148,500 gals.	4 hours

The water in these pools is clarified by Pressure Filters air scoured for Back Wash and sterilized by modern chlorination Plants maintaining a free chlorine content of from .75 to 1.0 p.p.m at the outlet.

ONE INDOOR ESTABLISHMENT COMPRISING TWO POOLS.

<i>Situation</i>		<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Saul Street :				
Large Pool ...	...	100 ft. × 42 ft.	140,000 gals.	4 hours
Small Pool ...	...	60 ft. × 30 ft.	56,000 gals.	4 hours

The large pool is converted to a dance and concert hall during the winter months.

The water in these pools is heated, and clarified by means of Pressure Filters with Mechanical agitation for Back Washing and sterilized by a modern chlorination Plant maintaining a free chlorine content of 1.0 p.p.m. at the outlet.

At all Swimming Pools water for the initial filling and make up water after Back Washing is taken from the Town's Water Supply.

Sulphate of Alumina is added for filter flocculation and a p.H. value of 7.6 to 8.0 maintained by the addition of Soda Ash.

Tests for free chlorine and p.H. Value are taken twice daily and at all peak bathing periods. In addition to these manual tests there is at the indoor pool a 24 hour daily graph reading made by an automatic Chlorine Recorder.

At all pools readings of free and combined Chlorine, p.H., Water temperature, Number of Bathers, Date of Filter Back Wash, State of Weather, are entered in a daily Log Book, also rate of filter turnover.

Eight samples of swimming bath water were taken by the Sampling Officer. Seven of these were satisfactory and one was unsatisfactory.

The one unsatisfactory sample was from the Moor Park Open Air Bath taken shortly after opening for the summer season.

C. Bacilli	...	...	16/100 ml.
B. Coli (Type 1)	...	...	16/100 ml.
Plate Count	...	...	30/ml.

Further samples taken one week later were satisfactory.

The probable cause of the unsatisfactory result was the fouling of water and bath surrounds by birds and vegetation.

3. Sewerage.

In recent years the Courtaulds' sewer has been cleansed, repaired and in part relaid so that the flooding problems occurring in the Fishwick Bottoms area have been overcome and this sewer is now operating effectively.

The duplicate northern sewer part of the major joint sewerage scheme for the northern side of the town and the adjacent county areas was completed in 1958 as was the joint main sewer to the Lea Gate Pumping Station. The northern side of the town from east to west and including the newer Brookfield and Savick areas are in consequence all adequately served.

No major quantitative difficulty associated with the carrying of town sewage is known to exist except that in times of acute excessive rainfall some flooding occurs from time to time in the low lying area around Water Lane and in the Blackpool Road, Inkerman Street area.

As is mentioned in the section dealing with port health the grossly unsatisfactory sewerage at the Docks where in places crude sewage is carried straight to the river is now the subject of active improvement by the Ribble Committee, and it is planned that eventually the whole of the dock estate will be connected to the town sewers or be covered by efficient septic tanks.

Whereas the carrying of sewage is efficient and comprehensive its treatment before disposal is rudimentary and consists merely of screening, removal of detritus and sedimentation. Reliance for the ultimate disposal of the polluted effluent is placed on the tidal nature of the River Ribble. Similar use of the lower end of the tiny stream known as Savick Brook is made at Lea Gate where sewage from the new joint sewer in excess of three times the dry weather flow is allowed to escape into the stream which is tidal at this point. This latter pollution of the river is intermittent in time and dependent on rainfall whilst the former is constant over twenty four hours each day at all states of the tide. The effect of tidal action in the enclosed area between the river banks is to cause a mass of polluted water to oscillate twice daily up and down the river each successive tide

pushing upstream in front of it the volume of effluent being poured out. It has been stated that floats placed in the river near the sewage works outfall at low tide have been recovered upstream near the Old Tram Bridge at Avenham Park probably the loveliest part of Preston.

The beneficial qualities of tidal flow in a restricted river course are difficult to elucidate. The unhappy effects are more obvious. They include the carrying of polluted water to areas of high amenity value to the town where the young rightly expect to enjoy bathing. They include in association with flap valves jammed by driftwood the flooding with polluted water of fields in which cattle normally graze, and they include the conversion of a once attractive river with pleasant sand beaches at its estuary into a drab mud silted area of which no one is proud.

4. General Sanitary Defects.

The following table shows the work carried out under the public health and housing acts in relation to dwellinghouses during 1960 :—

Table 48. Sanitary Improvements effected under the Public Health and Housing Acts.							
No. of premises dealt with	...	...	...	...	...	...	1,105
Chimneys repaired or renewed	...	...	...	...	...	...	11
Dampness remedied	...	...	...	...	...	...	89
Downspouts repaired or renewed	...	...	...	...	...	...	36
Drains or sewers cleansed	...	...	...	...	...	...	185
Drains or sewers tested	...	...	...	...	...	...	118
Drains or sewers repaired or renewed	...	...	...	...	...	...	156
Dust bins provided	...	...	...	...	...	...	20
Fireplaces repaired or renewed	...	...	...	...	...	...	12
Floors repaired or renewed	...	...	...	...	...	...	36
Food storage provided or repaired	...	...	...	...	...	...	2
Gutters repaired or renewed	...	...	...	...	...	...	83
Nuisances abated (general)	...	...	...	...	...	...	81
Passages or yard surfaces flagged, etc.	...	...	...	...	...	...	8
Plasterwork repaired or renewed	...	...	...	...	...	...	106
Premises disinfested or cleansed	...	...	...	...	...	...	101
Premises treated for rats or mice	...	...	...	...	...	...	26
Roofs repaired or renewed	...	...	...	...	...	...	138
Sinks repaired or renewed	...	...	...	...	...	...	18
Staircases repaired or renewed	...	...	...	...	...	...	2
Walls repaired or renewed	...	...	...	...	...	...	27
Water service pipes repaired or renewed	...	...	...	...	...	...	12
W.C. accommodation provided, improved, repaired or renewed	...	...	...	...	...	...	128
Windows repaired or renewed...	...	...	...	...	...	...	60
Woodwork (general) repaired or renewed	...	...	...	...	...	...	23
Other work done	...	...	...	...	...	...	69

A total of 451 informal notices and 213 statutory notices were served under the Public Health Act during the year. The latter are itemised in Table 49.

Financial assistance was approved under Section 47 of the Public Health Act in the converting of a waste water closet to a water closet at one dwelling house.

Table 49.
Summary of Statutory Notices served under Public Health Act, 1936.

<i>Section</i>									<i>Number served</i>
24	Repairs to Public Sewers	...	...	...	...	...	...	...	19
39	Drainage ...	...	...	...	...	...	...	...	39
44	Closet accommodation	...	...	...	...	...	...	...	1
45	Closet accommodation	...	...	...	...	...	...	...	20
56	Yard paving	...	...	...	...	...	...	...	2
58	Dangerous structure	...	...	...	...	...	...	...	2
75	Dust Bins ...	...	...	...	...	...	...	...	19
89	Sanitary accommodation at Inns, etc.	...	...	...	...	...	...	...	2
92/3	Abatement notices (statutory nuisances)	...	...	...	...	...	...	...	109
									<hr/> 213 <hr/>

5. Tents, Vans and Sheds.

Three sites are occupied by accredited members of the Showmen's Guild.

At the end of the year there were no licensed caravans stationed in the Borough, all holders of licences having vacated the sites.

During the year it was necessary to remind a number of unauthorised caravan dwellers of the provisions of Section 269 of the Public Health Act, 1936, and to request removal of vans from unsuitable sites.

6. Common Lodging Houses.

Proceedings were taken against the owner of three premises for keeping common lodging houses without registration by Council under Section 236, Public Health Act. The defendant was fined £3 in each case. All three were subsequently registered subject to certain works being carried out.

There are now five common lodging houses in the Borough, and 68 visits were paid to them by the Public Health Inspectors.

7. Places of Public Entertainment.

There are eight cinemas in the area and a certificate of sanitary fitness was issued in respect of them. There are 23 dance halls in the Borough. Two of the cinemas hold licences for stage plays and seven other premises are similarly licensed. 50 visits were made to these places of public entertainment.

8. Offensive Trades.

The offensive trades established in the Borough include fat and tallow melters, tripe boilers, fell-monger, gut scraper, tanner and leather dressers, soap boilers and rag and bone dealers. Of these premises, the majority have been established since the inception of the Public Health Act, 1875, six only being required to make application for periodic renewal of their licence to carry on an offensive trade. One renewal, previously refused, was allowed for short periods, the premises finally closing during the year, the business being transferred to premises outside the Borough.

One application for taking over of premises previously used for an offensive trade was granted as was also a new application.

9. Disinfection and Disinfestation.

Two hundred and eleven van loads of furniture, in respect of 315 families, were removed from old property to new Corporation houses. This involved HCN disinfestation in the majority of cases. 33 removals, involving 33 families were carried out from pre-fabricated bungalows to Corporation permanent houses, by arrangement with the Housing Department. 353 rooms were sprayed with insecticide to combat various infestations and three rooms were treated after the occurrence of infectious disease.

The service is maintained by a staff of four, and together with the necessary motor transport these men run a general transport pool for all sections of the Health Department.

Factories Acts, 1937 to 1959.

10. Factories.

Table 50. Inspections.				
Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authority... ..	92	18	—	—
Mechanical factories in which Section 7 is enforced by the Local Authority	773	91	18	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)...	24	1	—	—
Totals	889	110	18	—

Table 51.
Defects.

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)... ..	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient ...	1	1	—	1	—
(b) unsuitable or defective ...	22	34	—	22	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act...	—	—	—	—	—
Total	23	35	—	23	—

11. Outworkers.

Table 52.
(Sections 110 and 111).

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, } Making, etc. }	6	—	—	—	—	—

12. Rodent Control.

During the year two operators were employed on pest extermination.

The Chief Public Health Inspector attended Lancashire County Consultative Committee and North West Lancashire Representative Committee Meetings as a representative of this Authority. These meetings are organised by the Ministry of Agriculture, Fisheries and Food to promote co-operation on rodent control between adjacent authorities and the Ministry.

During the year one poison treatment was made in the town's sewers, a total of 1,186 manholes were poison-baited in all. To facilitate this work men were loaned by the Borough Surveyor, supervision being carried out by the Public Health Inspectors.

The work of the staff at premises in the Borough is summarised in the following table.

Table 53.
Prevention of Damage by Pests Act, 1949.

	Type of Property				
	(1) Local Authority	(2) Dwelling houses	(3) All other (including Business and Industrial)	(4) Total of (1), (2) and (3)	(5) Agri- cultural
I. Number of properties in Local Authority's District	125	35,910	6,990	43,025	55
II. Number of properties in- spected as a result of :					
(a) Notification ...	33	375	70	478	2
(b) Survey under the Act.	2	3	9	14	—
(c) Otherwise (<i>e.g.</i> , when visited primarily for some other purpose)	—	—	—	—	—
III. Total inspections carried out	241	1,702	529	2,472	10
IV. Number of properties (un- der II) found to be in- fested by :—					
(a) Rats { Major ...	2	—	—	2	—
{ Minor ...	15	202	34	251	2
(b) Mice { Major ...	—	—	—	—	—
{ Minor ...	20	38	27	85	1
V. Number of infested prop- erties (in IV) treated by Local Authority ...	30	93	53	176	—
VI. Total treatments carried out	32	93	53	178	—
VII. No. of notices served under Section 4 of the Act:					
(a) Treatment ...	—	1	—	1	—
(b) Structural work (<i>i.e.</i> , proofing) ...	—	3	—	3	—
VIII. No of cases in which de- fault action was taken following the issue of a notice under Section 4 of the Act.	—	—	—	—	—

13. Shops.

Shops Act work is carried out in conjunction with other duties concerning shop property. During the year five visits were made specifically in connection with the welfare provisions of the Shops Act.

14. Atmospheric Pollution.

WIND DIRECTIONS, 1951-60.

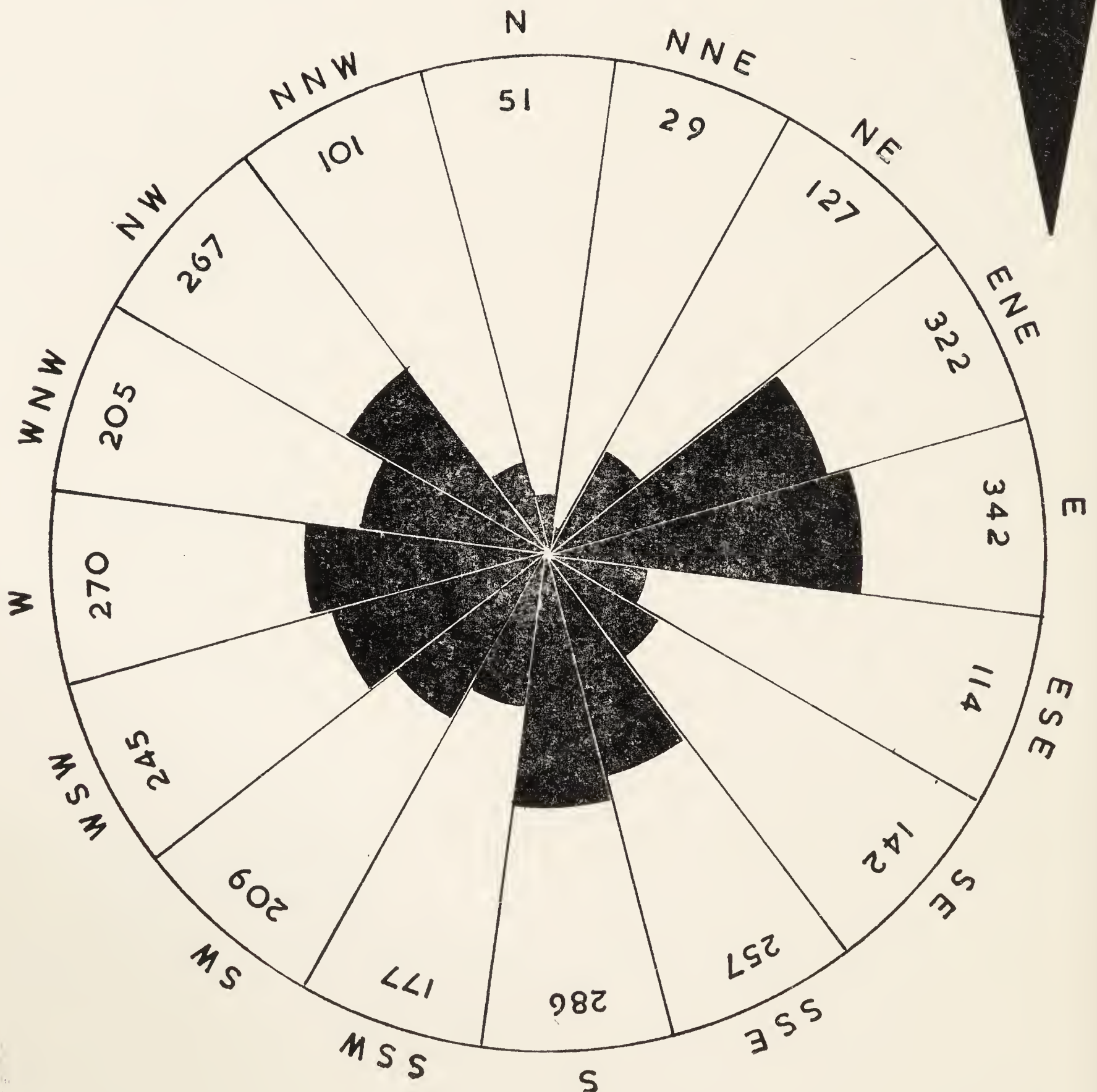
The following diagram shows the frequency of wind direction during the ten years 1951-1960 as recorded daily at the Moor Park Observatory.

Its Measurement.

Since 1951 measurements of atmospheric pollution have been taken latterly at five points in the town.

The monthly average for 1960 of smoke concentration as measured by the volumetric apparatus in Lancaster Road is shown in graph I, and graph II shows the average monthly concentration of sulphur dioxide in parts per million as determined from the same apparatus.

The records of measurement of pollution obtained from the four deposit gauge stations are shown in graph III.



Graph I.

MONTHLY AVERAGE
CONCENTRATION SMOKE IN MG PER M³

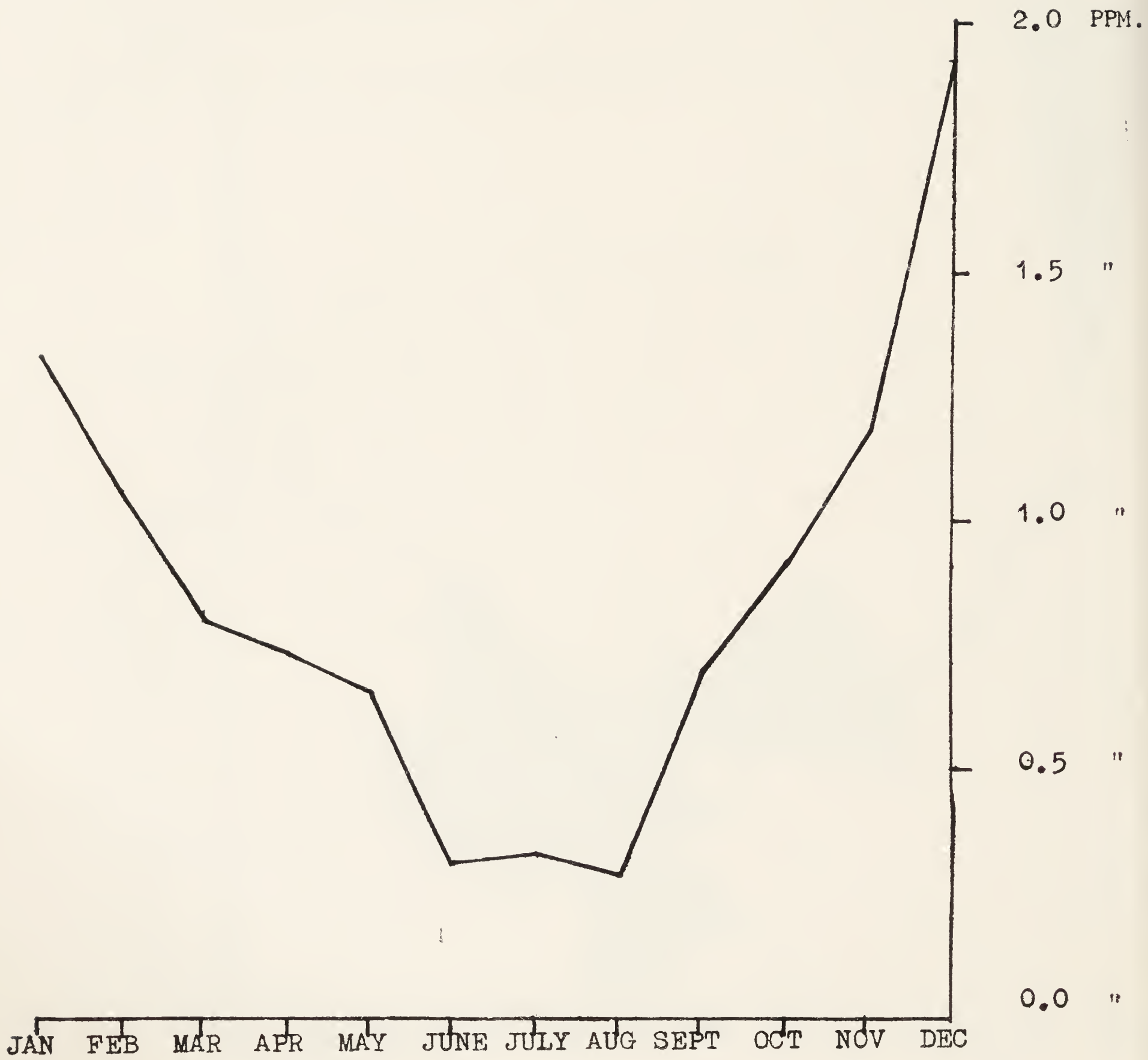
by Vol. Method



Graph II.

MONTHLY AVERAGE
CONCENTRATION SO₂ PARTS PER MILLION

by Vol. Method



Graph III.

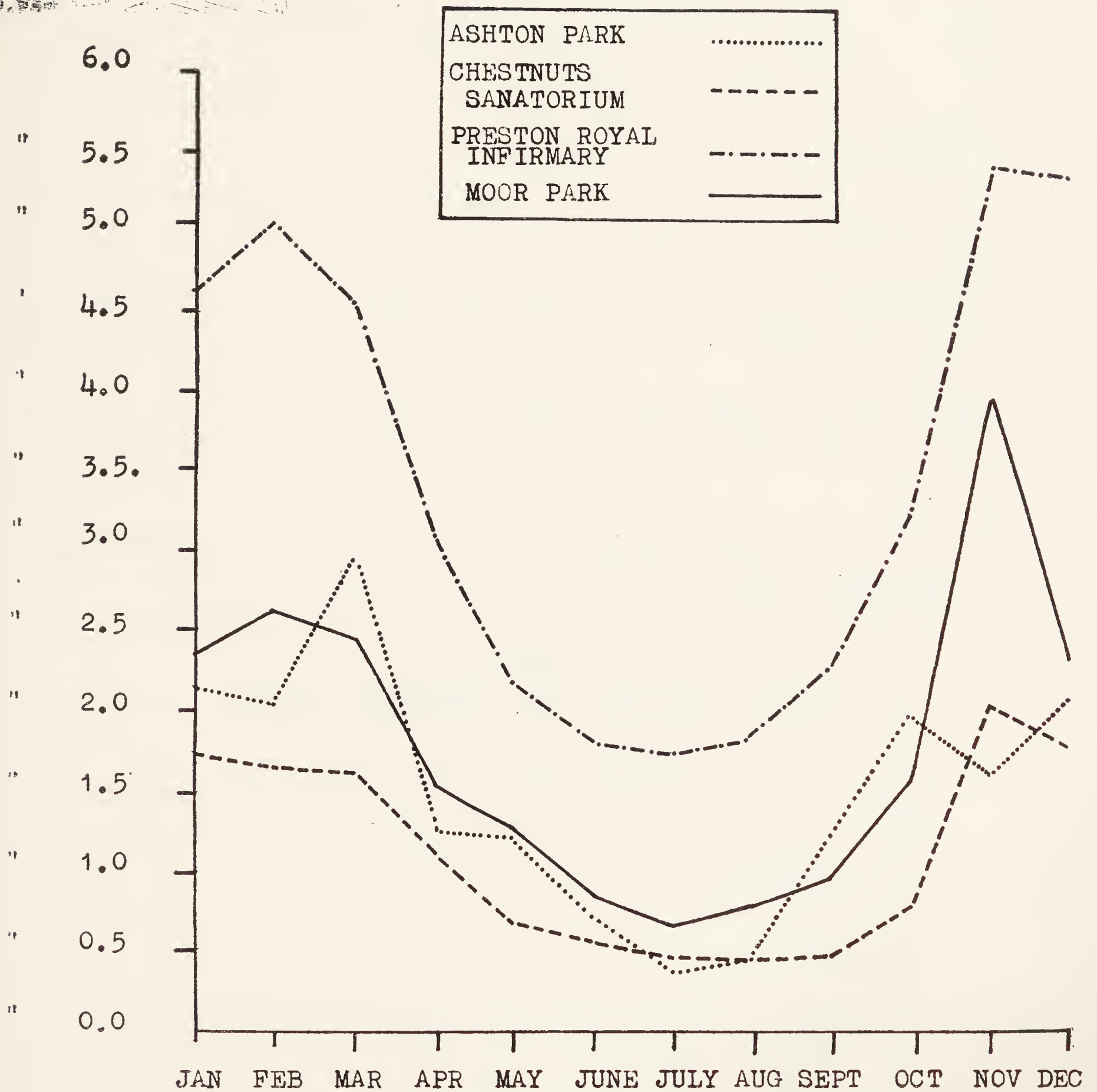
1960 LEAD-PEROXIDE METHOD Wt. of SO_3 Mg/100 sq. cm./day

Table 54 gives the average deposit each month of solids in tons per square mile at each of the four stations.

Table 54.				
Measurement of Deposited Matter by Deposit Gauge.				
	Average figures per month			
	Ashton Park	Ribbleton Hospital	P.R.I.	Moor Park
Rain in inches 	3.42	3.51	3.32	3.58
Total dissolved matters in tons per square mile 	5.69	5.96	7.15	5.40
Total insoluble matter in tons per square mile 	8.26	4.18	10.58	5.42
Soluble matter in CS ₂ in tons per square mile 	0.09	0.08	0.64	0.08
Other combustibles in tons per square mile 	2.17	1.69	3.91	1.67
Total solids in tons per square mile	13.59	10.14	17.96	10.61

Its Control.

General surveillance of the town has been carried out by the Public Health Inspectors, and visits of inspection and observation were carried out as set out in the following table.

Table 55.						
Visits in connection with Atmospheric Pollution.						
	Dwelling houses	Rail- ways	Vessels	Steam Boilers	Others	Total
1. Observations taken or deposits collected ...	—	11	24	59	61	155
2. Inspections on complaint ...	—	—	—	12	8	20
3. Nuisance source—						
Smoke ...	—	8	24	12	1	45
Grit ...	—	—	—	—	—	—
Other ...	—	—	—	—	—	—

Forty-four informal notices were served under Section I Clean Air Act, 1956, as a consequence of observed breaches of the law.

Under Section 16 of the Clean Air Act, one informal notice was served.

Eleven repairs, alterations and improvements were carried out.

One firm was prosecuted under the Clean Air Act, Sections 1 and 3 for installation of furnace without prior approval and in respect of four cases for emission of dark smoke from chimneys. In the case of the former offence a fine of £5, and £10 for each of the other four offences was imposed.

Smokeless Zones and Smoke Control Areas.

The fourth Smoke Control Order was the subject of organised opposition and resulted in the holding of a public inquiry from which the Corporation's decision was upheld without qualification except for a postponement of the operative date occasioned by the inevitable delays occasioned by the necessity for holding an inquiry.

The Council subsequently approved the Preston (Area No. 5) Smoke Control Order, 1960, amounting to 87.25 acres to the east of the town covering the new trading estate and adjacent land.

Prior Approval.

Four applications for prior approval of furnaces under Section 102 of the Preston Corporation Act, 1947, were received during the year relating to :

	Steam Raising Plant	...	...	3
	Asphalt Plant	...	...	1
				—
				4
				—
involving —	Steam Raising Boilers	...	...	3
	Asphalt Plant	...	...	1
				—
				4
				—

The asphalt plant was approved subject to the height of the chimney being not less than 48 ft. from existing ground level. This condition was observed.

In the case of the steam raising installations, one could not be approved because it had been installed before application was made. In the other two cases approval had not been given at the end of the year as further information and modifications had been called for.

Clean Air Act, 1956, Section 3 (2).

Two applications were received during the year ; both were for central heating installations. One was approved, the second not being approved at the end of the year (but was approved on 20th January, 1961) in respect of two boilers.

Clean Air Act, 1956, Section 3 (3).

Eight notifications of intention to install, in respect of nine furnaces were received during the year.

15. Heating Appliances (Fireguards) Act, 1952.**Heating Appliances (Fireguards) Regulations, 1953.**

Constant watch is kept for contraventions of the above Act and Regulations and it has been necessary to issue verbal warnings to dealers.

16. Public Conveniences.

Weighing machines are fitted in the four conveniences in Church Street, Earl Street and Birley Street. These conveniences are served each by an attendant and are fitted with basins provided with hot and cold water. Paper towels are provided. Linen towels can be obtained at a charge of twopence. Hot air hand driers are also provided at these conveniences.

A new, modern convenience was opened during the year at The Serpentine, Moor Park. This convenience is fitted with wash basins and hot and cold water. Hot air hand driers are provided.

Hot and cold water is also laid on to Garstang Road, Kendal Street, Fylde Road/Victoria Street, Adelphi Street/Moorbrook Street, and Grange Park conveniences and hot air hand driers are provided. Garstang Road convenience is staffed during the summer period.

Demolition of two urinals, one at the North Road/Lancaster Road junction, and one at the Old Lancaster Lane/Aqueduct Street junction, was carried out during the year.

A Brylcreem Vending Machine was installed in the Earl Street Men's public convenience.

17. Pharmacy and Poisons Act.

In connection with the Pharmacy and Poisons Act, Part 2, registrations, 19 visits were paid to premises, mainly small mixed business shops seeking registration under the Act.

18. Hairdressers' Establishments.

Six additional registrations and two deletions under Section 108, Preston Corporation Act, 1947, were recorded during the year.

In all, 49 visits were made in connection with the supervision of hygiene conditions in these establishments.

19. Fertilisers and Feedingstuffs Act, 1926.

Four samples of fertilisers were taken during the year and the results are itemised in the following table :

Table 56.			
Fertilisers			
Class of Sample	Number Taken	INFORMAL	
		Satisfactory	Unsatisfactory
General Fertiliser	2	1	1
"Growmore" Fertiliser	1	1	—
Fish Fertiliser	1	1	—
Total	4	3	1

In the case of the general fertiliser the amount of phosphoric acid insoluble in water was greater than that contained in the statutory statement.

In the case of the "Growmore" Fertiliser the amount of potash was greater than that contained in the particulars marked on the article.

In each of the above cases the difference was unlikely to be to the prejudice of the purchaser.

In the sample of fish manure the amounts of nitrogen and phosphoric acid soluble in water was greater than that contained in the particulars marked on the article. The amount of phosphoric acid insoluble in water was less than that contained in the particulars marked on the article. These differences were unlikely to be to the prejudice of the purchaser. The sample did not accord with the definition of fish manure but was a compound fish manure. In this case the packers agreed to amend the description and to investigate the reasons for the discrepancies.

20. Rag Flock and Other Filling Materials.

At the end of the year there were eight premises registered in accordance with Section 2 of the Rag Flock and Other Filling Materials Act, 1951.

Eight samples of filling materials were taken during the year and the results are itemised in the following table :

Table 57.							
Class of Sample					Number of Samples taken	Satisfactory	Unsatisfactory
Coir Fibre	...	...	...	...	2	2	—
Cotton Felt	...	...	...	...	1	1	—
Cotton Millpuffs	...	...	...	...	1	1	—
Rag Flock	...	...	...	...	3	3	—
Woollen Felt Mixture	...	...	...	...	1	1	—
Total					8	8	—

Housing

Clearance of Unfit Houses.

The difficulties, referred to in last year's report, in rehousing slum tenants have to some extent been overcome since more demolition contractors are now available and the system of selective rehousing has been considerably modified. The demolition of empty property has thus speeded up and cleared sites are in consequence available for redevelopment. The provision of new houses for displaced tenants has not however been increased and so the overall pace of clearance has not quickened.

Clearance Areas.

During the year under review a formal inquiry was held in May in respect of 307 unfit houses contained within the Preston (Avenham No. 1) Compulsory Purchase Order, 1960. Later in the year this order was confirmed by the Minister without modification to the unfit dwellings but with the exclusion of fifteen fit dwellings.

Formal representation was made of four separate groups of property totalling 274 houses and three other buildings, lying in the Croft Street, School Street, Ribbleton Street and Meadow Street districts. The areas cover 5.4 acres and at present house 276 families comprising 854 persons, equivalent to 3.2 persons per house. These areas were contained in the following orders.

Preston (Croft Street, etc.) Compulsory Purchase Order, 1961.

Location—Lying on the north side of Marsh Lane between Croft Street and Wellfield Road.

Acreage of land in order ...	...	...	3.25 acres
Acreage of "pink" property ...	...	...	2.308 acres
Housing density of unfit houses per acre			44.6
Number of unfit houses ...	...	...	103
Number of fit houses ...	...	...	40
Number of other buildings ...	...	...	6

Preston (Ribbleton Street, etc.) Compulsory Purchase Order, 1961.

Location—On the north side of Ribbleton Lane immediately opposite H.M. Prison.

Acreage of land in order ...	...	...	1.163 acres
Acreage of “pink” property ...	...	...	.832 acres
Housing density of unfit houses per acre			47
Number of unfit houses ...	...	...	39
Number of fit houses ...	...	...	4
Number of other buildings ...	...	...	6

Preston (School Street, etc.) Compulsory Purchase Order, 1960.

Location—From the west side of Bow Lane westwards to Euston Street and between School Street to the north and Lady Place to the south.

Acreage of land in order ...	...	...	3.09 acres
Acreage of “pink” property ...	...	...	1.96 acres
Housing density of unfit houses per acre			61.7
Number of unfit houses ...	...	...	121
Number of fit houses ...	...	...	25
Number of other buildings ...	...	...	6

Preston Central Town Development (Declaration of Unfitness) Order, 1960.

Location—At the junction of Park Road and Meadow Street.

Acreage of land in order ...	...	...	.194 acres
Acreage of “pink” property ...	...	...	.194 acres
Housing density of unfit houses per acre			56.6
Number of unfit houses ...	...	...	11

Individual Unfit Houses.

Formal representation was made and accepted by the Council in respect of 20 individual unfit houses under Section 16 of the 1957 Act. During the year the Council made ten demolition orders and 11 closing orders under the Housing Act. Certificates of unfitness were issued in respect of 12 Council owned houses.

A closing order was made under Section 18 in respect of part of a building.

Seven houses as a consequence of demolition orders, one house the subject of a closing order and six Council owned unfit houses were demolished.

One house was made fit as a result of a formal undertaking, and an undertaking not to use for human habitation was accepted by the Council in respect of a further house.

Table 59.
Number of houses, persons and families dealt with in Clearance Areas represented
to the end of 1960.

Year of Re- presenta- tion	Number of properties included			Total number of properties									Families and Persons Displaced from houses									
													Rehoused by Council				Otherwise Displaced					
	Unfit Houses			Fit Houses			Other Buildings			Unfit Houses		Fit Houses		Unfit Houses		Fit Houses						
	Unfit houses	Fit houses	Other buildings	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons		
1951	21 (21)	— (—)	— (—)	21	—	—	—	—	—	—	—	—	19	69	—	—	2	5	—	—	21	74
1954	169 (169)	1 (1)	11 (11)	169	—	—	1	—	—	11	—	—	164	575	—	—	12	14	1	2	177	591
1955	268 (262)	13 (13)	18 (13)	260	2	—	13	—	—	12	—	1	221	619	13	29	50	82	3	7	287	737
1956	354 (354)	44 (44)	26 (26)	353	1	—	43	—	1	23	3	—	294	934	33	111	68	169	15	44	410	1258
1957	184 (177)	14 (9)	17 (11)	161	13	3	8	—	1	7	2	2	140	392	7	19	22	40	1	5	170	446
1958	370 (363)	71 (75)	27 (27)	138	114	111	21	14	40	12	4	11	228	749	28	79	34	93	13	29	303	950
1959	307 (307)	82 (67)	34 (34)		2	305			67			34										
1960**	274	69	18																			
TOTALS	1947(1653)	294 (209)	151 (122)	1102	132	419	86	14	109	65	9	48	1066	3338	81	238	188	403	33	87	1368	4056

** Orders made during 1960 are awaiting Ministerial confirmation.

NOTES : Figures shown in brackets are the number of properties in orders as confirmed after various modifications listed below.

- (1) From the representations and orders of 1955 (a) six houses represented as unfit and (b) five other buildings were taken out of the orders.
- (2) From the representations and orders of 1957 (a) six houses represented as unfit were taken out of the orders having been purchased by Council prior to confirmation : (b) one house represented as unfit was determined as not being a house within the meaning of the Act and was placed in Part III of the order as an " other building " : (c) five fit houses and seven other buildings were taken out of the orders.
- (3) From the representations and orders of 1958 (a) two unfit houses were taken out of the orders having been purchased by the Council prior to confirmation : (b) five houses represented as unfit were transferred to Part III of the orders as fit houses (c) part only of one unfit house was transferred to Part III of the order as an " other building " and (d) one fit house and one other building were taken out of the orders.
- (4) From the representations and order of 1959 fifteen fit houses were taken out of the order.

Families Displaced.

The following table gives details of the families displaced during 1960 as a result of slum clearance procedure. 14.8% of the families displaced found their own alternative accommodation, evidence of the continued number of people adopting this method of rehousing and indicative of the easing of the general housing shortage.

Table 58. Families displaced during 1960.					
	Rehoused by Local Authority		Otherwise Displaced (Found own accommodation etc.)		Total
	Unfit houses	Fit houses	Unfit houses	Fit houses	All houses
Clearance Orders and Compulsory Purchase Orders	254	26	41	11	332
Individual Unfit houses ...	26	—	1	—	27
Total	280	26	42	11	359

Demolition.

A total of 541 premises comprising (a) 461 unfit houses, (b) 55 fit houses and (c) 25 other buildings were demolished during the year under review. This shows a marked increase principally because of additional labour being under contract and complete blocks of property becoming vacant.

Slum Clearance Progress.

Tables 59 & 60 give details of the Corporation's slum clearance progress since the work restarted after the war.

It can be seen that during the last seven years 2,101 unfit houses have been formally represented and from these 4,142 persons making up 1,396 families have been rehoused mainly in new houses possessing modern amenities. A further 294 fit houses have been included in Compulsory Purchase Orders and from these 325 persons making up 114 families have been rehoused.

Thus a total of 4,467 persons contained in 1,510 families have been rehoused as a result of Housing Act action taken since 1954.

At the end of 1960 there were 535 families occupying houses contained within confirmed and operative orders. A further 350 families are occupying houses awaiting confirmation and operation of orders.

The number of properties demolished as a consequence of orders made during the period 1954—1960 was (a) 1,168 unfit houses ; (b) 86 fit houses ; and (c) 65 other buildings, a total of 1,319 properties.

Table 60.
Number of houses, persons and families dealt with in Individual Unfit Houses during
period 1st January, 1954 to 31st December, 1960.

Type of Order, etc.	Total number of houses	Number of Houses			Families and Persons Displaced					
		Demolished	Empty	Occupied	Rehoused by Council		Otherwise Displaced		Total Families Displaced	Total Persons Displaced
					Families	Persons	Families	Persons		
Demolition Orders ...	81	68	9	4	58	199	25	56	83	255
Closing Orders ...	55	7	47	1	47	123	10	31	57	154
Undertakings not to use ...	8	1	7	—	5	15	1	2	6	17
* Undertakings to make fit ...	7	—	—	7	—	—	—	—	—	—
Compulsory purchase in lieu of Demolition Orders ...	2	—	—	2	—	—	—	—	—	—
Certificate of Unfitness (Council owned houses)	22	11	9	2	16	57	1	2	17	59
TOTAL ...	175	87	72	16	126	394	37	91	163	485

* Seven houses were subsequently made fit as a result of formal undertakings.

Repair of unfit houses.

During the year one formal notice and one informal notice were served under the Housing Act in respect of houses regarded as capable of being made fit at reasonable expense. One house was made fit as a result of a formal notice, the Council executing the works in default of the owner.

Improvement Grants.

Conditions of grants made under the House Purchase and Housing Act, 1959, include that after execution of the proposed works the dwelling will be in such a condition as not to be unfit for human habitation and is likely to remain in that condition for a period of not less than 15 years. Applications for grants are made through the Borough Surveyor, but certification by this department as to the fitness or otherwise of the houses concerned is called for.

Advice was sought as to the fitness of houses in respect of 60 applications for Discretionary Grants under the 1949 Act and 136 applications for Standard Grants under the 1959 Act. Three houses were considered unlikely to have a life of 15 years and a further eight unfit houses were considered to be capable of being made fit at reasonable expense with a life of over 15 years. The remainder were considered fit in terms of the grant requests.

Housing Consolidated Regulations, 1925.

The following table gives in tabular form the information required under Article 31 of the above regulations.

Table 61.
Housing Act, 1957.
Action taken in respect of unfit houses under the above Act.

Number of Inspections	...	...	...	...	...	...	...	2,016
Number of houses which on inspection were considered to be unfit for human habitation	...	...	...	...	...	...	...	189
(This figure does not include 121 houses represented to the Council during the year under review but which are included in the previous year's report)								
Number of Representations made to the Council —								
(a) with a view to service of Notice requiring execution of works ...								1
(b) with a view to making of Demolition Orders, Closing Orders ...								23
(c) with a view to declaring Clearance Areas (Number of houses)								274
Number of notices served requiring execution of works —								
(a) informal	...	...	...	...	...	...	...	1
(b) formal	...	...	...	...	...	...	...	1
Number of houses rendered fit after service of —								
(a) informal notice	...	...	...	...	...	...	...	—
(b) formal notice	...	...	...	...	...	...	...	1
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	10
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	...	...	...	...	...	...	...	11
Number of Closing Orders made under Section 18 of the Housing Act, 1957	...	...	...	...	...	...	...	1
Number of Undertakings accepted by the Council	...	...	...	...	...	...	...	1
Number of Council-owned houses certified as unfit	...	...	...	...	...	...	...	12
Number of houses demolished as a result of Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	8
Number of houses demolished as a result of Clearance Orders	...	...	...	...	...	...	...	15
Number of Council-owned houses demolished (Certificates of Unfitness)	...	...	...	...	...	...	...	6
Number of houses demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	487
Number of other buildings demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	25

Overcrowding.

Table 62.
Overcrowding, 1960.

Number of complaints received	12
Number of complaints confirmed and referred to the Housing Committee	—
Number of complaints not confirmed	8
Number of complaints confirmed, but no action taken	3
Number of letters sent to abate overcrowding	1
Number rehoused while complaint was being investigated	—
Number rehoused by the Local Authority following reference	—

Rent Act, 1957.

The Inspectors made 104 visits in connection with Certificates of Disrepair.

Table 63.
Rent Act, 1957.
Certificates of Disrepair.

Number of certificates applied for	42
Number of certificates granted	47
Number of applications withdrawn	—
Number of certificates refused	—
Number of applications for revocation	7
Number of objections to revocation	7
Number of certificates revoked	6
Number of revocation certificates refused	6
Number of applications by landlord for certificates as to remedying of defects	16
Number of applications by tenant for certificates as to remedying of defects	5
Number of certificates as to remedying of defects recommended	
(a) Defects remedied	8
(b) Defects not remedied	13

Food and Drugs.

Food Hygiene.

Table 64.
Hygiene in Food Premises.

Premises	Number of visits
Premises registered under Section 16 Food and Drugs Act, 1955 ...	99
Food hawkers and storage accommodation	4
Food shops	323
Food markets	413
Food preparing premises	274
Licensed premises	28
Registered dairies and bottled milk distributors	243
Premises re the inspection of food	32
	1,416

Table 65.
Repairs and improvements effected in food preparing premises.

Repair or Improvement	Number
W.C. accommodation provided, improved, repaired or renewed	2
Floors repaired or renewed	20
Food preparing premises cleansed	11
Food storage provided or repaired	2
Hand washing facilities in food premises provided	39
Nuisances abated (general)	2
Plasterwork repaired or renewed	6
Sinks repaired or renewed	8
Walls repaired or renewed	18
Water service pipes repaired or renewed	2
Woodwork (general) repaired or renewed	10
Lighting and ventilation improved	5
Passages or yard surfaces flagged	1
Premises disinfested or cleansed	2
Other work done	28

MILK.

Milk and Milk Sampling.

Samples of milk were taken from supplies of milk coming into the borough to determine the presence of tubercle bacilli. Table 66 shows all the samples to be satisfactory.

Table 66.			
Milk samples taken for biological examination.			
Class of milk sample	No. of samples taken	Tubercle bacilli	
		Absent	Present
Tuberculin Tested	26	26	—
T.T. (Farm bottled)	32	32	—
T.T. (Farm bottled) (Channel Island) ...	10	10	—
Total	68	68	—

Table 67 shows the number of samples examined for brucellosis.

Table 67.							
Milk samples taken for Brucellosis.							
Class of Milk Sample	No. of samples taken	Ring Test		Culture		Inoculation	
		Absent or Equivocal	Present	Absent	Present	Absent	Present
Tuberculin Tested ...	64	34	30	17	24	23	3
Tuberculin Tested (Farm bottled) ...	32	22	10	4	4	32	—
Tuberculin Tested (Farm bottled) (Channel Island) ...	10	8	2	2	3	9	1
Total	106	64	42	23	31	64	4

The 77 instances in which Brucellosis was found to be present were from 11 producers of milk coming into the borough for sales as raw designated milks. Of these, 15 Ring Test, 13 Culture and three Inoculation unsatisfactory results were from one tuberculin tested milk producer within the borough. In this case the

retailer agreed to forego this supply and retail a tuberculin-tested (pasteurised) milk, and the producer agreed to send all his milk production for pasteurisation. This agreement was carried out voluntarily.

One unsatisfactory Ring Test result was from a tuberculin-tested (farm-bottled) milk producer also within the borough, but subsequent inoculation results proved the supply to be negative.

Eighteen Ring Test and 14 culture unsatisfactory results were taken in connection with a tuberculin-tested milk supply coming into the borough which was subject to a pasteurisation notice under the provisions of the Milk and Dairies Regulations and issued by the Medical Officer of Health of an adjoining Local Authority during 1959.

The remaining nine Ring Test, four Culture and one inoculation unsatisfactory results were from eight producers of farm bottled milks coming into the borough. In all instances the producers' premises were situated outside the borough and the respective Medical Officers of Health were notified. In one instance a pasteurisation notice under the provisions of the Milk and Dairies Regulations was issued by the Medical Officer concerned.

Table 68 shows the number of samples taken for bacteriological examination. The results of unsatisfactory samples obtained from known farm supplies, or producer/retailers are passed to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food for investigation at source.

Table 68.			
Milk samples taken for bacteriological examination.			
Class of milk sample	No. of samples taken	Methylene Blue test	
		Passed	Failed
Tuberculin Tested	24	24	—
T.T. (Farm bottled)	31	27	4
T.T. (Pasteurised)	4	4	—
T.T. (Farm bottled) (Channel Island) ...	10	5	5
Total	69	60	9

Also submitted were five samples of tuberculin tested milk for the clot on boiling test and one sample of tuberculin tested (farm bottled) milk for bacteriological examination. In both instances complaint had been received of taint. In one instance the cause was traced to the complainant's own handling of the milk and in the other instance the cause was probably due to physiological change in the animals concerned imparting a strong bitter taste and an excess of the enzyme Lipase giving a rancid flavour.

A total of 364 samples of milk was submitted to the Public Analyst for chemical analysis. These are summarised in table. 69.

<div>Table 69.</div> <div>Milk samples taken for chemical analysis.</div>								
Class of milk sample				No. of Samples taken	Informal		Formal	
					Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Tuberculin Tested	...	...		98	60	8	17	13
T.T. (Farm bottled)	...	...		9	4	—	4	1
T.T. (Farm bottled)								
(Channel Island)	...	...		2	—	—	2	—
T.T. (Channel Island)	...	...		1	—	1	—	—
Pasteurised	...	...	...	126	105	—	21	—
T.T. (Pasteurised)	...	...		61	42	—	19	—
T.T. (Pasteurised)								
(Channel Island)	...	...		9	9	—	—	—
Sterilised...	...	...	...	58	51	1	6	—
Total	...	...		364	271	10	69	14

Two each of the unsatisfactory informal and formal tuberculin tested milk samples from one producer contained 3, 5 12 and 25% respectively of extraneous water. In this case the farmer was formally warned after careful consideration of the case.

Six of the unsatisfactory informal and nine of the unsatisfactory formal tuberculin tested milk samples from three producers had fat deficiencies ranging from 1.6 to 30% and the solids-not-fat were also abnormally low. In each case the milk supply was proved to be genuine. The Producers and the Advisory Service of the Ministry of Agriculture, Fisheries and Food were notified in each instance. Follow-up samples subsequently taken indicated a substantial improvement in quality.

One unsatisfactory formal tuberculin tested milk sample was 6% deficient in fat and the bottler of the milk was warned by letter. A follow-up sample was satisfactory.

One unsatisfactory formal tuberculin tested milk sample was 16% deficient in fat and the producer was warned by letter.

One unsatisfactory formal tuberculin tested (farm bottled) milk was deficient 10% fat and the solids-not-fat were also abnormally low. This milk supply was proved to be genuine. The farmer was notified of the result.

One unsatisfactory informal tuberculin tested (channel island) milk contained a slight trace of water and a warning letter was sent to the producer.

One unsatisfactory informal sample of sterilized milk also contained a slight trace of water and a warning letter was sent to the bottler.

Table 70.
Milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.

Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	96	96	—	95	1	—	—
T.T. (Pasteurised) ...	36	36	—	36	—	—	—
T.T. (Pasteurised— Channel Island)	4	4	—	4	—	—	—
Sterilised	52	—	—	—	—	52	—
Totals ...	188	136	—	135	1	52	—

The one unsatisfactory methylene blue test was declared void in accordance with Part III of the Milk (Special Designations) (Pasteurised and Sterilized) Milk Regulations 1949-1953, as the atmospheric shade temperature exceeded 65°F after sampling but before testing.

Follow-up samples were satisfactory.

Dairies and Milk Retailers.

At the end of the year there were 20 premises registered as dairies. 233 distributors are registered for the sale of bottled milk at shops. There are also approximately 22 distributors operating from premises outside the borough and 14 dairy farmers are known to be retailing milk in the borough.

Two of the owners of dairies and one dairy farmer hold licences to pasteurise milk in accordance with the Milk (Special Designation) Regulations, 1960. The two pasteurising plants situated in dairies are of the "High temperature short time" type whilst the one situated on the farm is of the "holder" type.

Miscellaneous Samples.

One hundred and eighty-six samples were submitted for bacteriological examination and for chemical analysis. These are summarised in the four subsequent tables.

Table 71.						
Miscellaneous samples taken for bacteriological examination.						
Class of Sample				No. of Samples	Satisfactory	Unsatisfactory
Milk bottle rinses	...	...	...	49	44	5
Swimming bath water	...	...	...	8	7	1
Double cream	...	...	...	11	8	3
Well water	...	...	...	5	3	2
Town water	...	...	...	2	2	—
Part Meat Pie	...	...	...	1	1	—
Meat Pie	...	...	...	1	1	—
Danish Bacon	...	...	...	1	1	—
Pork sausage	...	...	...	1	1	—
Skinless Pork Sausage	...	...	...	1	1	—
Boiled Ham	...	...	...	1	1	—
Orange Drink	...	...	...	1	1	—
Total	...	...	...	82	71	11

ICE CREAM.

At the end of the year there were 15 registered manufacturers of ice cream in the borough.

All the unsatisfactory results were investigated and follow-up samples were satisfactory.

Four ice cream samples were taken for chemical analysis. One was found to be slightly low in fat.

Table 72.						
Ice Cream and Ice Lollie samples taken for bacteriological examination						
Class of sample				No. of samples	Methylene Blue	
					Satis- factory	Unsatis- factory
					P.H. Value	
					Satis- factory	Unsatis- factory
Ice Cream	...	...	...	76	63	13
Ice Cream Mix	...	...	...	19	17	2
Dairy Ice Cream	...	...	...	2	2	—
Ice Lollie	...	...	...	5	—	5
Ice Lollie Syrup	...	...	...	2	—	2
Total	...	...	...	104	82	15

Table 73.
Miscellaneous samples taken for chemical analysis.

Class of sample	Number of samples taken	Satisfactory	Unsatisfactory
Miscellaneous foodstuffs	16	16	—
Tinned soup	4	4	—
Tinned fruit	20	20	—
Tinned fish	4	4	—
Tinned meat	11	10	1
Soft drinks	13	12	1
Tea	3	3	—
Instant coffe and Coffee & Chicory...	4	4	—
Butter	6	6	—
Margarine	7	7	—
Lard and Cooking Fats	9	9	—
Fresh fruits	34	34	—
Double Cream	11	10	1
Tinned Dairy & Sterilized Creams ...	4	4	—
Tinned Condensed & Evaporated Milks	5	5	—
Pickles, Sauces and Condiments ...	7	6	1
Non-brewed condiment	2	2	—
Malt Vinegar	2	2	—
Dried Vegetables and Cereals ...	10	8	2
Tinned Peas and Beans	6	6	—
Jams, Marmalade & Lemon Cheese	11	11	—
Tinned Rice, Sago or Barley Puddings	6	5	1
Cereals	3	3	—
Dried Fruits	7	6	1
Sweets and Sugar Confectionery ...	7	7	—
Christmas and Steamed Puddings ...	4	4	—
Wines	3	3	—
Shredded Beef Steaks	1	1	—
Ground Almonds	2	1	1
Processed Cheese Spreads	3	3	—
Sponge Pudding Mixes	2	2	—
Bread	3	3	—
Self-raising Flour	2	2	—
Custard and Blanc Mange Powders	3	3	—
Biscuits	2	2	—
Meat Pastes and Potted Meats ...	3	3	—
Fish Pastes and Spreads	3	3	—
Cooking Oil	1	1	—
Meat and Potato Pie	1	—	1
Slices of Bread	1	—	1
Total	246	235	11

Details of unsatisfactory samples.

Two of the unsatisfactory samples were incorrectly labelled and the packers in both instances agreed to amend their labels.

One sample of tinned stewed steak with gravy contained vegetable fibres, probably sisal in nature. These probably originated from meat wrappings.

A part-filled bottle of lemonade had an unpleasant odour which was found to be due to sulphuretted hydrogen liberated from the black composition stopper of the bottle by the acid in the lemonade. The attention of the packers was drawn to the matter.

One sample of tinned cream was found to be slightly low in fat content and the retailers were advised. A follow-up sample proved satisfactory.

One sample of lentils was found to be heavily infested with mites. On examination of the remainder of the stock in the shop other samples were found to be affected and the stock was withdrawn from sale for human consumption.

A package of dried soup mix bore no declaration of the list of ingredients and contained a number of small stones. The packers agreed to initiate correct labelling and to improve their methods of prepack sorting of the ingredients.

A sample of stoned dates was found to contain dead beetles and larvae. Larvae were found in other samples and the stocks at the shop were withdrawn from sale.

A sample of ground almonds had a stale flavour and the extracted oil had an acid value of 21. On communication with the manufacturers further stocks were withdrawn from sale.

A sample of meat and potato pie was found to contain a dead wood-louse, apparently having got into the pastry before cooking and packing. The proprietor of the firm was instructed to thoroughly cleanse the premises concerned.

Two part slices of bread were found to contain paper probably derived from a flour sack label. The attention of the packers was drawn to the matter.

Wholesale Fish Market.

The wholesale fish market has largely ceased to function as such and is now mainly a reception centre for fish ordered by the local fishmongers and fish fryers. Fish boxes are in some instances dispatched direct to retailers with nothing more than sample inspection to determine quality. In other instances, the contents of boxes are divided into smaller lots for transport. A certain amount of filleting is carried out, usually in association with contracts to hospitals and schools. Only a relatively small amount of fish is actually sold directly at the market.

The platform and siding are in the ownership of British Railways and the buildings are all of a temporary nature. The conditions are far from ideal. Periodic watch is kept on the hygienic condition of the containers, which in recent times tend to be of wood construction with plastic lining.

Retail Markets.

The retail markets have been visited regularly by the public health inspectors in order to maintain as satisfactory a standard of cleanliness as possible and to see that the food products are of a satisfactory quality. It is a regrettable fact that after years of pressure there is still no evidence of progress in the provision of a satisfactory market for the sale of food.

MEAT.

The Veterinary Officer and Meat Inspectors made visits as under :

Table 74.							Visits made by Veterinary Officer and Meat Inspectors.	
							Veterinary Officer	Meat Inspectors
Visits to public slaughterhouses	...	...	...	...			416	257
Visits to private slaughterhouses	...	...	...	...			197	—
Visits to butchers' shops	...	...	...	...	...		—	4
Visits to cattle market and storeyard			...	...	...		—	10
Visits to food markets	...	...	...	...	...		—	1
Visits to shops, stores, etc., to inspect fresh meat brought into the borough	...	...	...	...	...	...	1	4
Other premises	...	...	...	...	...	...	8	—
Number of cattle floats inspected	...	...	...	...			—	139

Slaughter of Animals Acts, 1933-1954.

The number of licensed slaughtermen at the year end was 39. No action has been necessary under the Act.

Public Abattoir.

Table 75.						Number of animals killed and inspected.				
Year		Cattle		Sheep		Pigs		Calves		
1960	7,818	...	34,732	...	3,713	...	152	
1959	6,768	...	34,144	...	4,384	...	180	
1958	7,818	...	27,920	...	7,261	...	225	
1957	8,764	...	31,854	...	6,460	...	337	

Table 76.						Casualties (included in figures in Table 76).				
Year		Cattle		Sheep		Pigs		Calves		
1960	93	...	70	...	232	...	29	
1959	109	...	175	...	357	...	41	
1958	173	...	145	...	459	...	44	
1957	206	...	170	...	412	...	59	

A good standard of animals killed for meat in the Borough has been maintained and a lot of meat has been of first class quality. Poor carcasses have been very infrequent.

In October bovine tuberculosis was officially declared eradicated in Great Britain and one of the biggest problems in meat inspection and the biggest single cause of condemnation at one time, has now ceased to exist, except for isolated instances. Occasionally cattle from the Irish Republic are found to be affected, but eradication is proceeding there also.

Other diseases have shown a slight decrease in percentage of animals affected.

Private Slaughterhouse.

One private slaughterhouse operated in the Borough. It maintained a regular kill of good quality animals and little difficulty was experienced in conducting meat inspection there. The facilities are of a good standard and co-operation with the Health Department has again been excellent.

Table 77. Number of animals killed and inspected							
Year				Cattle	Sheep	Pigs	Calves
1960	...	...	...	1,129	3,596	2,440	1
1959	...	...	...	1,347	4,732	2,631	—
1958	...	...	...	476	1,205	1,138	—

Table 78. Number of Casualties found							
Year				Cattle	Sheep	Pigs	Calves
1960	...	...	...	—	—	1	—
1959	...	...	...	—	—	—	—
1958	...	...	...	1	—	—	—

Meat Marketing.

All cattle, sheep and pigs passed as fit for human consumption are stamped. Meat condemned is marked to avoid any chance of mistake and meat deferred for further consideration is detained by a notice attached to the carcass and offal.

Fresh Meat coming into the Borough from other Areas.

A certain amount of meat killed and inspected outside the borough is sold in the borough. This meat is presumed to be all fit for human consumption and it is not possible to re-examine it as a routine measure.

Public Health (Meat) Regulations.

Whilst the quality of meat leaves very little ground for complaint, it is still possible to improve the handling of it. In some cases, however, animals arriving at the abattoir in a dirty condition make clean meat production rather difficult.

Meat Inspected other than that Slaughtered in the Borough.

Visits are made to wholesalers, cold stores, etc., to inspect meat from other areas and no cause for complaint has been discovered.

DISEASES OF ANIMALS ACTS AND ORDERS.

Anthrax Order, 1938.

There has been nothing to report regarding this disease in Preston. No outbreaks have occurred; a constant watch is kept and blood samples of any suspected case are examined microscopically.

FOOT AND MOUTH DISEASE ORDER, 1938.

Preston, and the vicinity, has remained free of this disease during the year although there have been heavy and very widespread outbreaks in the country. In early December a Controlled Areas Restrictions Order was in operation in Preston for a fortnight, which necessitated the cattle market being closed except for the sale of fatstock sold on licence for immediate slaughter. A large number of licences, nearly 1,000, for the movement of stock for slaughter and to licensed fatstock sales were issued during this period.

Atrophic Rhinitis Order, 1954.

Nothing relative to this Order occurred in Preston Borough or vicinity.

Diseases of Animals (Waste Foods) Order, 1957.

No offences have been detected against this Order. The swill plants licensed by the Council have been inspected periodically, and since the 13 licences were issued some of the operators have given up using the boiler plant, and some others are now only boiling vegetables and do not come within the terms of the above Order. At the year end only six swill plants came within the terms of the Order and these have been checked and found to comply.

Sheep Scab Order, 1938.

This disease has now been eradicated, but the dipping of sheep is still compulsory. New regulations under the above Order coming into force during the year altered the times and frequency of dipping. All sheep in the Borough were dipped in accordance with these regulations.

Table 79.
Carcases and Offal inspected and condemned in whole or in part.

	Total Cattle	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	8,943	5,640	3,303	153	38,328	6,145	—
Number inspected	8,947	5,640	3,303	153	38,328	6,153	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI							
Whole carcases condemned	—	6	24	40	103	121	—
Carcases of which some part or organ was condemned	—	2,344	1,120	2	1,848	783	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	—	41.3	34.5	27.4	5.1	14.6	—
TUBERCULOSIS ONLY							
Whole carcases condemned	—	6	4	—	—	8	—
Carcases of which some part or organ was condemned	—	111	66	—	—	85	—
Percentage of the number inspected affected with tuberculosis	—	2.1	2.2	—	—	1.5	—
CYSTICERCOSIS							
Carcases of which some part or organ was condemned	—	28	14	—	—	—	—
Carcases submitted to treatment by refrigera- tion	—	28	14	—	—	—	—
Generalised and totally condemned	—	1	—	—	—	—	—

Swine Fever Order, 1938.

The situation under this Order was very much the same as the previous year, one suspected outbreak occurred on a farm in the Borough, and one at the Public Abattoir. 63 contact pigs from other outbreaks were slaughtered at the abattoir. Contacts of infected animals were believed to have passed through the Market and on one occasion infected animals were discovered in the Market. From this infection in May outbreaks spread and an Infected Area Order was made shortly afterwards. This stopped movements of pigs except under licence and all sales except those for immediate slaughter. Restrictions remained in force for two months.

Movement of Swine Order, 1954-1959.

All pigs leaving the market must be licensed to their destinations and detained there 28 days. 3,279 licences were issued during the year for the movement of 53,457 pigs. Two offences against the Order were detected during the year, two people being fined £5 each.

Warble Fly Order, 1948.

No offences against this Order were discovered during the year, and there appeared to be a decrease in the amount of infestation with this parasite.

Tuberculosis Order, 1938.

No case under the above Order was found during the year. As from 1st March, 1960, an Eradication Area Order came into force covering the remainder of the country, including Preston, not already involved. This put a standstill on all cattle not attested and completed the eradication scheme. In October, the Ministry of Agriculture, Fisheries and Food announced that all cattle in this country were now in attested herds. This meant that for all practicable purposes bovine tuberculosis no longer existed in this country. This can only be considered as a major achievement, particularly as it has occurred several years earlier than the most optimistic calculations. A vast amount of work and money has been involved in achieving this state and testing will be carried on to ensure that infection does not occur.

Market Sales and Lairs Order, 1925.

There is nothing of importance to report under this Order. Special disinfection of the market has been carried out on occasions during the year when circumstances required it.

Transit of Animals Order, 1927°1947.

No offence under this Order was detected during the year apart from minor contraventions dealt with on the spot. Only seven calves were detained in the market as unfit to travel and slaughtered at the abattoir.

Number of vehicles cleansed and disinfected	...	2,751
Number of vehicles inspected	... ..	339

Importation of Dogs and Cats Order.

There is nothing to report under this Order.

Transit of Horses Order, 1951.

There is nothing to report under this Order.

Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1938.

Only 14 licences were issued in respect of 40 Irish cattle passing through the market. 2,121 Irish cattle and 504 Irish sheep arrived on licence in Preston for immediate slaughter ; 1,160 cattle and 141 sheep being slaughtered at the Public Abattoir, and 961 cattle and 363 sheep were slaughtered at a private slaughter-house.

Fowl Pest Orders, 1936-1954.

This disease continues to be troublesome throughout the country, over 2,000 outbreaks being recorded. One small outbreak occurred in Preston and was dealt with by the Ministry of Agriculture staff.

Poultry (Exposure for Sale) Order, 1937.

As no poultry sales have been held during the year in the Borough there is nothing to report regarding this Order.

Protection of Animals Acts, 1911-1912.

During the year a special Markets Inspector was appointed by the R.S.P.C.A. to patrol the markets. No offences occurred in the Borough requiring prosecution, but several verbal warnings have been issued. The R.S.P.C.A. inspector has investigated numerous complaints both in the market and elsewhere.

Table 80.								
Details of markets held.								
							Number of Sales	Number of Visits
Store Cattle and Sheep	...	...	...	...	...	...	46	46
Dairy Cattle	...	...	...	...	...	...	53	53
Fatstock Sales	...	...	...	...	...	...	52	52
Fatstock Sales (Pigs)	...	...	...	...	...	...	52	52
Store Pigs	...	...	...	...	...	...	41	41
Fatstock Sales (Sheep)	...	...	...	...	...	...	52	52
Horse Sales	...	...	...	...	...	...	11	11

Table 81.
Animals passing through market.

	1960	1959	1958	1957
Attested and Non-Attested Cattle	8,352	7,911	8,809	8,216
Fat Cattle	17,748	16,583	16,513	16,629
Sheep	41,757	34,880	26,890	24,978
Calves	16,901	15,047	13,445	13,287
Fat Pigs	31,076	29,829	36,357	31,229
Store Pigs	22,371	27,010	43,357	37,400
Horses	326	305	336	457

The number of cattle passing through the market has remained comparatively steady over the last few years. Sheep have gone up in numbers, the vast majority of them being fat sheep for slaughter. Calves show a gradual increase, but the number of pigs has fluctuated, due to factors such as price variations and cancellation of sales owing to various Infected and Controlled Areas Orders.

Port Health Administration.

Port Health District.

The Port Health District of Preston extends from Formby Point on the south to a point 2,350 yards south of the Victoria Pier, South Shore, Blackpool, on the north. The dock, which is 3,200 feet long by 600 feet wide, covers 40 acres and is approached by the entrance basin, 850 feet long by 300 feet wide, an area of $4\frac{3}{4}$ acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 feet 6 inches at high water ordinary spring tide. The dock is situated within the county borough and is about 16 miles along the River Ribble from the sea.

The quays are over $1\frac{1}{2}$ miles long. There are 170 acres of storage ground and 61,525 superficial yards of covered floor space.

Easy access by road and rail facilitates cargo handling.

Two ships-chandlers boarded a vessel arriving from a foreign port before she had been cleared from control under the Public Health (Ships) Regulations, 1952; the appropriate signal was being flown at the time. Both men were successfully prosecuted and fined a sum of £5 each.

The first container service between Eire and England was commenced in the summer, the vessels trading between Greenore and Preston, a variety of goods were carried and foodstuffs arrived in good condition.

An increase in the number of sailings from Northern Ireland was made, by using an additional ship, to cope with the increased trade.

One vessel was encountered with a Deratting Exemption Certificate issued at a non-approved port in Finland. The Ministry of Health were notified.

The influx of stowaways from the West Indies reached twenty in the early part of the year. Due to a variety of circumstances there were no stowaways after March.

A start was made on the modernisation of the dock drainage system. A main drain was diverted from a culvert which enters the river and connected to a town sewer.

The Food Hygiene (Docks, Carriers, etc.) Regulations, 1960, came into operation on the first of November, 1960, with the exception of three regulations which follow six months later.

A useful control of the hygienic handling of foodstuffs in the Port is now in force.

Vessels, warehouses and vehicles must be in a clean condition. Workers and their clothing must be clean when in contact with food and men must not be handling food if infected in a way likely to cause food poisoning. The condition of buildings, sanitation and washing facilities are also controlled.

The majority of food entering Preston is protected by its packing, but washing facilities have been required at the banana ripening shed.

Co-operation by Her Majesty's Customs' Officers, the Trinity House Pilots, the officials and staff of the Ribble Navigation and Preston Dock Undertaking, the shipping agents and others who have been contacted about various matters, has assisted in the smooth working of the Port Health Service.

Section I — Staff.

Table 82. Staff						
Name of Officer			Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
J. S. G. Burnett	...	Port Medical Officer	1.2.49	M.D., D.P.H.	Medical Officer of Health	
R. G. Murray	...	Deputy Port Medical Officer	12.5.60	M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health	
N. M. Sampson	...	Port Health Inspector	3.3.58	Cert. R.S.I. Dip. Insp. Meat and Food	District Public Health Inspector	
F. Yates	...	Deputy Port Health Inspector	17.7.55	Cert. R.S.I. Cert. Meat and Food	Public Health Inspector	

ADDRESS AND TELEPHONE NUMBER OF THE MEDICAL OFFICER OF HEALTH :
 Health Department, Municipal Building, Preston.
Telephone No. — Preston 4881.

PRIVATE ADDRESS :
 Brook House, 252 Garstang Road, Fulwood, Preston.
Telephone No. — Preston 77784.

Section II—Amount of Shipping entering the district during the year.

Table 83. Ships entering the district during the year.					
Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspectors	
Foreign ports ...	384	284,784	27	377	—
Coastwise	1,870	1,211,893	2	197	2
Total ...	2,254	1,496,680	29	574	2

A large increase in the timber trade brought more vessels to Preston, also the new sulphur import from France for local manufacturing purposes.

Section III—Character of Shipping and Trade during the year.

Table 84.

Character of Shipping and Trade during the year.

Passenger Traffic	Number of passengers INWARDS...	...	...	4,012
	Number of passengers OUTWARDS	...	...	4,120
Passengers to and from foreign ports:—		Foreign ports		Irish Ferry service
Passengers in:—				
	Alien	...	32	3,899
	British	...	81	
Passengers out:—				
	Alien	...	20	4,092
	British	...	8	
Cargo Traffic.				
Principal Imports.				
Asphalt rock, bacon, bananas, bitumen, canned goods, china clay, citrus fruits, cloth goods, coconuts, confectionery, eggs, fertiliser, fish, fuel oils, grain, hardboard, hides, lard, meat, milk, milk products, nuts, nut oils, petroleum, plasterboard, potatoes, poultry, potash, rubber, scrap iron, shell grit, soya meal, starch, stone, styromonomer, sulphur, timber, turf, vehicles, wax, wood pulp.				
Principal Exports.				
Barbed wire, canned goods, cloth goods, coal, coke, cotton, fruit, fuel oils, furniture, iron and steel, machinery, nut oil, pitch, radio equipment, tar, vehicles.				
Total imports	1959	996,600 tons.		
Total exports	1959	581,019 tons.		
Total imports	1960	1,075,538 tons.		
Total exports	1960	663,888 tons.		
Principal ports from which ships arrive —				
Foreign —				
North America :	Vancouver, St. John N.B., Los Angeles, New York, Halifax, N.S., Chatham N.E., Miramichii.			
Antilles :	Curaco, Kingstown, Martinique, Port Castries, Port of Spain, Roseau, St. George, Vieux Fort.			
Belgium :	Antwerp.			
Brazil :	Tutoya, Fortaleza, Belem.			
Denmark :	Copenhagen, Frederiksund, Koge.			
Finland :	Helsingfors, Kemi, Kotka, Mantyluoto, Oulo, Pori, Rauma, Turku, Vasa.			
France :	Bayonne, Bordeaux, Brest, Cette, Dieppe, Nantes, Rouen, Sables d'Olonne.			
Germany :	Bremen, Hamburg, Wismar.			
Holland :	Amsterdam, Appingedam, Delfzyl, Groningen, Rotterdam, Ymuiden, Zaarndam.			
Norway :	Aalesund, Arendal, Bergen, Drammen, Fredrikstad, Haugesund, Kragero, Kristiansund, N., Larvick, Lousnes, Namsos, Narvik, Oplo, Oslo, Porsgrunn, Skien, Stavanger, Tofte, Tredestrand, Tromso, Trondheim.			
Poland :	Gdansk, Gdynia, Stettin.			
Sweden :	Domsjo, Gefle, Gothenburg, Halmstad, Helsingborg, Hernosand, Hudiksvall, Karlsborg, Karlshamm, Karlstad, Malmo, Norrkoping, Oskarshamm, Pitea, Sundsvall, Westervick.			
U.S.S.R. :	Archangel, Inarka, Kaliningrad, Leningrad, Mesane, Onega, Tallin.			
Yugoslavia :	Split.			
British Isles —				
Belfast, Carrickfergus, Cork, Coryton, Dublin, Dundalk, Fawley, Fowey, Greenore, Heysham, Larne, Liverpool, Londonderry, Manchester, Par, Penmaenmawr, Plymouth, Ramsey, Swansea.				

There was little change in cargoes arriving in the port, but bulk sulphur is now imported for local manufacturing purposes.

Constant watch was maintained over the foodstuffs on the ferry and container services with Northern Ireland. There was a large increase in the amount of timber imported, to replenish stocks used in the dry weather the previous year.

Section IV — Inland Barge Traffic.

There is no inland barge traffic from or to the Port of Preston.

Section V — Water Supply.

1. Source of supply for —

(a) THE DISTRICT.

The district receives its water from the Preston and District Water Board mains, and is an upland surface water derived from the gathering grounds in the Forest of Bowland. The water is of good quality, well suited for drinking and domestic purposes.

(b) SHIPPING.

Shipping is supplied with water from the district supply by means of a hose from a shore hydrant.

2. Reports of Tests for Contamination.

Samples are taken from taps and hydrants on the district and tanks, drinking water taps and galley taps on board ships, as a routine procedure and otherwise when necessary.

Table 85.
Water Samples.

From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Vessels	Bacteriological ...	32	18	14
Vessels	Chemical	—	—	—
Dock Estate ...	Bacteriological ...	18	17	1
Dock Estate ...	Chemical	2	2	—
		52	37	15

Unsatisfactory bacteriological results of water taken from the drinking tanks of vessels entering the port were 44% of the samples obtained from snips. This high proportion of contamination indicates the need for constant vigilance and control of ships' drinking water. Storage of drinking water in a peak tank is still a deprecated practice. The reason for contamination is not always apparent, but the owners or Masters have been informed when an unsatisfactory sample was taken and advice given to prevent future contamination.

The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. All precautions necessary to prevent contamination of hoses and hydrants are taken.

There are no water boats in the Port of Preston.

Section VI — Public Health (Ships) Regulations, 1952.

1. List of Infected Areas.

The list of infected areas is prepared from, and amended as necessary, with details obtained from the World Health Organisation in the Weekly Epidemiological Record and is drawn up in the form of the list supplied. Copies of the list are supplied to the Trinity House Pilotage Office, Preston, and H.M. Waterguards Office, Preston.

2. Radio Messages.

Preston is not a radio transmitting or receiving port.

3. Notification otherwise than by Radio.

The Port Medical Officer is notified by telephone of any untoward circumstances on board an incoming vessel after such details have been passed to the Port Authority's barge at Lytham.

Cases of sickness are dealt with by the Boarding Medical Officer.

4. Mooring Stations.

By agreement with the Port Authority arrangements exist for the breasting off of any ship at the discharging berth allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about 20 feet beam which are always available between the vessel and the quay, whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

5. Arrangements for —

(a) Hospital accommodation for infectious diseases.

All cases of infectious diseases other than small pox are removed to the Isolation Hospital, Deepdale, Preston.

(b) Surveillance and follow-up of contacts.

Surveillance is carried out as suggested in Section 18(2) and Section 37 of the Public Health (Ships) Regulations, 1952.

(c) Cleansing and Disinfection of ships, persons, clothing and other articles.

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector. Clothing, bedding, etc., are removed in the Health Department's disinfection vehicles to the Disinfection Station at Argyll Road for steam disinfection.

Arrangements are also in existence for persons to be cleansed and disinfested at Cuttle Street Clinic and Ellen Street Cleansing Station and for clothing to be disinfested at Argyll Road Disinfestation Station.

Section VII — Smallpox.

(1) The reception of smallpox cases into hospital is in the hands of the Regional Hospital Board who advise as to which hospital is available for such purpose. Normally, Ainsworth Hospital, Bury, is retained as the first regional hospital to admit cases of smallpox.

(2) Smallpox cases would be removed by ambulance belonging to Preston Corporation. The vaccinal state of the crews of these ambulances is the responsibility of the Medical Officer of Health of the County Borough of Preston.

(3) SMALLPOX CONSULTANTS :

Dr. C. Metcalfe Brown, Town Hall, Manchester.
Central 3377 and Ringway 4273.

Dr. E. R. Peirce, 8 Grosvenor Road, Cressington Park, Liverpool.
Garston 1236.

Professor A. B. Semple, Health Department, Hatton Garden,
Liverpool, 3.
Central 8433 and Gateacre 2081.

(4) Facilities for the laboratory diagnosis of smallpox are available at the Liverpool School of Tropical Medicine under the direction of Professor Downie.

Section VIII — Venereal Disease.

Leaflets giving the undermentioned information as to location, days and hours of available facilities are distributed by the inspectors when vessels are visited :

“The Venereal Disease Clinic at the Preston Royal Infirmary is open at the following times :

Tuesday ... 5 p.m.— 7 p.m. Women
Wednesday 5 p.m.— 7 p.m. Men.
Thursday ... 2 p.m.— 4 p.m. Women.
Friday ... 5 p.m.— 7 p.m. Men.

Male patients from ships likely to sail before the next male clinic will also be seen on Tuesdays or Thursdays.”

A supply of glass slides has been issued to ships regularly using the port so that where a suspicion of the disease arises at sea a smear can be made at once and taken to the clinic when the ship arrives in Preston.

Forty seamen attended for treatment at the clinic for the first time during the year.

Section IX — Cases of notifiable and other infectious diseases on ships.

Table 86. Cases of notifiable and other infectious diseases on ships.				
Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival ...	Nil	Nil	Nil	Nil
Cases landed from other ships ...	Chickenpox	Nil	1	1
	Tuber- culosis	Nil	1	1

No case or suspected case of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

The case of pulmonary tuberculosis was on one of the port dredgers. All the other members of the crew were examined at the chest clinic as contacts and no other case was found. Disinfection of cabin, effects and shore residence was carried out.

The Master of a ferry went sick with chickenpox probably caught from his infected son while on leave.

Section X — Observations on the occurrence of malaria in ships.

No case of malaria occurred during the year.

Section XI — Measures taken against ships with or suspected for plague.

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence, action in accordance with the measures outlined in Part 1 of the Fourth Schedule of the Public Health (Ships) Regulations, 1952, would be pursued.

Section XII — Measures against Rodents in ships from foreign ports.

(1) PROCEDURE FOR INSPECTION OF SHIPS FOR RATS.

All foreign-going vessels are inspected in the following sequence.

- (a) Vessels from infected ports.
- (b) Vessels from non-infected foreign ports.
- (c) Foreign-going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged.

(2) ARRANGEMENTS FOR THE BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION OF RODENTS, WITH SPECIAL REFERENCE TO RODENT PLAGUE.

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

During the year nine rats from vessels were forwarded for examination. One body was found to have a typhimurium infection. The rat was caught on a vessel from the West Indies and no other rat life was found on board.

(3) ARRANGEMENTS IN THE DISTRICT FOR DERATTING SHIPS.

The deratting of vessels prior to the issue of Deratting Certificates may be effected with hydrogen cyanide or sodium fluoroacetate.

The following contractors have intimated their willingness to operate in the port :—

- Associated Fumigators (Northern) Ltd., Liverpool.
- Croftbank Chemical Co. Ltd., Oldham.
- Disinfestation Ltd., Birkenhead.
- Hivey Fumigation Co. Ltd., Liverpool.
- Irlam Insecticides, Liverpool.

(4) PROGRESS IN THE RAT-PROOFING OF SHIPS.

Rat-proofing was found in good condition on vessels and a higher standard is observed each year as old vessels are scrapped.

Table 87. Rodents destroyed during the year in ships from foreign ports.									
Category									Number
Black rats	...	...	...	...	...	...	...	...	61
Brown rats	...	...	...	...	...	...	...	...	—
Species not known	...	...	...	...	...	...	...	...	—
Rats sent for examination	...	...	...	...	...	...	...	...	9
Rats infected with plague	...	...	...	...	...	...	...	...	—
Mice	...	...	...	...	...	...	...	...	4

Following a Warfarin treatment, 51 black rats were recovered from a vessel at the breaking up yard before demolition began. The vessel had traded regularly with West Africa.

The methodical searching of both dock estate and vessels by the Rodent Operator has resulted in a very great reduction of rodent life and great credit is due to him for this.

Table 88.						
Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.						
No. of Deratting Certificates issued.					Number of Deratting Exemption Certificates issued.	Total Certificates issued
After fumigation with		After trapping	After poisoning	Total		
H.C.N.	Other fumigant					
1	2	3	4	5	6	7
—	—	—	—	—	77	77

Section XIII—Inspection of Ships for Nuisances.

Table 89.
Inspections of Ships for Nuisances.

Nature and Number of Inspections	Notices served		Defects Remedied
	Statutory Notices	Other Notices	
Total number of ships inspected ... 574			
The following defects were found :—			
Vermin 18	—		13
Accommodation and fittings defective 13	—		13
Heating, lighting, ventilation defective 11	—		11
Washplaces and fittings defective ... 5	—		4
Sanitary accommodation defective ... 15	—	64	12
Food stores, preparation places and fittings defective 22	—		22
Drinking water system defective ... 12	—		8
Refuse accumulations... .. 4	—		4
Smoke emissions 12	—		12
Miscellaneous nuisances 2	—		2
Total 114	—	64	101

Sixty-four vessels were found to have 114 defects or nuisances, all were remedied except 13. Forty-four of these defects occurred on three old large tramp vessels. Twenty-five were remedied and the remainder were to be done when the vessels proceeded to dry dock from Preston.

New tonnage has good accommodation and continually the trend is towards better living quarters and fewer faults.

Section XIV — Public Health (Shell-Fish) Regulations, 1934-1948.

Mussel gathering is controlled by the Preston (Shell-Fish) Regulations, 1923.

A sample of cockles revealed that the estuary is still heavily sewage contaminated.

Section XV — Medical Inspection of Aliens.

Preston is not approved for the landing of aliens, but as will be seen from Table C, 32 aliens arrived from foreign ports and 20 aliens departed from Preston.

Section XVI — Miscellaneous.

Arrangements for burial on shore of persons who have died on board ship from infectious disease.

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of the Preston Isolation Hospital for the purpose of local enquiry and verification of the cause of death.

Food Inspection.

Public Health (Imported Food) Regulations, 1937 and 1948.

Public Health (Preservatives, etc. in Food) Regulations, 1925-1948.

Public Health (Imported Milk) Regulations, 1926.

Food and Drugs Act, 1955.

Food Hygiene (General) Regulations, 1960.

Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.

Colouring Matter in Food Regulations, 1957.

Antioxidant in Food Regulations, 1958.

Imported food consisted mainly of the following types :—

Apples, bacon, bananas, blackberries, canned meats, canned milks and creams, canned fruits and fishes, cheese, citrus fruits, coconuts, confectionery, eggs, frozen eggs, frozen milk, herrings, ice cream, ice lollies, ice cream powder, lard, limes, maize, meat, milk powder, nuts, potatoes, poultry, sausage, wheat.

Sixty-eight samples of food were taken during the year, 43 were forwarded to the Public Analyst.

<i>Type of Food</i>	<i>From</i>		<i>Result</i>
9 samples fresh grapefruit	...	British West Indies	Genuine
3 samples fresh oranges	...	British West Indies	Genuine
2 samples fresh limes	...	British West Indies	Genuine
2 samples fresh oranges	...	South Africa	Genuine
4 samples canned fruit salad	...	Northern Ireland	2 Genuine, and 2 wrongly labelled
1 sample canned strawberries	...	Northern Ireland	Genuine
1 sample canned apples	...	Northern Ireland	Genuine

<i>Type of Food</i>	<i>From</i>			<i>Result</i>
4 samples canned pears ...	Northern Ireland	...	...	Genuine
2 samples canned peaches ...	Northern Ireland	...	...	Genuine
2 samples canned grapefruit ...	British West Indies			Genuine
3 samples canned rice pudding ...	Northern Ireland	...	...	Genuine
1 sample canned dairy cream ...	Northern Ireland	...	...	Genuine
1 sample canned chopped ham loaf	Northern Ireland	...	...	Genuine
1 sample canned steak fillet ...	Northern Ireland	...	...	Also contained vegetables and gravy
1 sample canned stewed steak ...	Northern Ireland	...	...	Genuine
1 sample canned beef ...	Eire	...	...	Genuine
1 sample milk chocolate couvature	Eire	...	...	Genuine
1 sample chocolate fruit crunch	Eire	...	...	Genuine
1 sample chocolate cream cups ...	Eire	...	...	Genuine
1 sample ground sweet almonds...	United States of America			Genuine

Three bottles of tonic water were given to the Port Health Inspector for his observations by the Master of a foreign ship. They had been purchased when the vessel was previously in this country. The Public Analyst found a quantity of dust in two bottles; a bristle from the washing machine was found by the Inspector in the third bottle.

Twenty-five samples were forwarded to the Public Health Laboratory, Preston for bacteriological examination.

Satisfactory samples comprised :

- 1 sample canned steak fillets
- 1 sample canned stewed steak
- 12 samples canned rice pudding
- 1 sample canned dairy cream
- 2 samples ice cream mix
- 6 samples frozen whole hen egg
- 1 sample canned beef

A sample of fine ground sweet almonds had a plate count at 37°C of 500,000 orgrs/gr. and at 22°C of 200,000 orgrs/gr. and *B. coli* (type 1) faecal present in 0.1 gram. Follow up samples taken by the local authority at destination were found to be satisfactory.

Improvements in cleanliness were required by the local authority concerned at the factory where the goods were packed before shipment. A higher standard was obtained and has been maintained.

The following unsound foodstuffs were voluntarily surrendered :—

			T.	Cwts.	Qrs.	Lbs.
Bananas	...	...	298	11	2	17
Canned fruit		...	—	1	3	18½
Total ...			298	13	2	7½

No infringements of the Public Health (Imported Food) Regulations regarding official certificates occurred.

From a great variety of food entering the port little was found to be unfit for human consumption, or not complying with legislation in force.

A consignment of canned fruits required 100% sorting following transit damage due to bad weather. Burst and severely crushed cans were taken and destroyed ; unsaleable crushed cans were directed to canteen use.

The high standards of quality, packing and transit speed have paid high dividends to importers of foodstuffs. The damage, wasting and perishing have been remarkably low.

The container service from Eire via Greenore has carried a variety of foodstuffs and the food, containers and organisation have been of a high standard

Welfare Services

Residential and Domiciliary Welfare Services for Aged and Handicapped Persons.

A report submitted by the Principal Welfare Services Assistant —
Mr. L. Cafferty.

Residential Accommodation.

Corporation Hostels.

The available accommodation for the aged and infirm in the Council's Hostels are as follows :

Fulwood Civic Hostel	...	...	282 places
Ashton House	...	...	44 „
Sunny Bank	...	...	17 „
Wilson House	...	...	38 „
Ancillary flats (1-2 places)	...	...	34 flats

It was possible throughout the year to meet all requests for hostel accommodation with the exception of two persons who desired placement in the smaller type home. By the end of the year, therefore, all available beds at the smaller homes were taken up, but there was a reserve of male accommodation at the Civic Hostel, Fulwood.

A request for placement in smaller homes by some applicants was turned down because of the physical condition of the persons concerned. In these cases accommodation was offered in the Civic Hostel, Fulwood, but refused. Refusal had a common basis, because despite the great improvement in the building and the facilities now available to residents, to the aged person it is still regarded as the Workhouse.

There has been a decrease in the request for accommodation from the Hospital Management Committee. This year 22 persons (6 men and 16 women) were admitted, against last year's 34. There was also the admission of one woman from a mental hospital. These persons were admitted because they were either considered unable to look after themselves on discharge from hospital, or their homes had been given up whilst in hospital, or relatives were unable to cope with them.

From the smaller hostels five were transferred to the Civic Hostel, Fulwood. One has since been transferred back and the other four considered not fit to be returned to previous accommodation.

After short stay periods in hospital 22 persons were returned to residential accommodation.

Work on the central portion of the Civic Hostel building, the modernisation of the small staff kitchen, storage, bread and vegetable preparation room was not started as expected during 1960, but is to be completed during 1961. The Reception Centre was closed down at the end of the year and there is a project in hand which has for its aim the demolition of unwanted and unnecessary out-buildings, dividing walls and the creation of green belts which will help still further to abolish the "Institution" appearance of the building.

Ancillary services provided at the Fulwood Hostel are well supported. The womenfolk make good use of the services of the Hair Stylist, who attends on three half-days per week. On two half-days per week men and women busy themselves with handicrafts, making, under the direction of a handicraft teacher, rugs, soft toys, purses, wallets. Embroidery and crochet work is also undertaken by some. Book distribution takes place once per week through the town's travelling library, and reading matter takes in fiction, history, geography, travel, autobiographies, social and political works. About 150 residents make use of this service.

During the year six more television sets were installed so that there are now four sets both on the male and female side. This policy was adopted because of the interest shown by the residents in television programmes. Film shows were discontinued, but concerts were held once fortnightly from January-March and October-December.

Annual outings for the residents of all the hostels are popular and well attended.

Sessions for chiropody treatment are held at the hostels, two per week at the Fulwood Hostel and one other session is arranged so that Ashton House and Wilson House are attended twice in a five week period and Sunny Bank once during the same period. This service has been of great value to the residents bringing them ease and comfort and they are very appreciative of this facility.

During the year the following number of treatments were given :

Fulwood Civic Hostel	...	...	979
Ashton House	...	...	152
Wilson House	...	...	209
Sunny Bank	...	...	90

At the end of the year there were 247 persons resident in the Civic Hostel, Fulwood, and of these 43 were guests from other authorities. The smaller hostels were fully occupied.

The "live" waiting list for tenancies of the flats associated with Wilson House stands at 56. During the year three 2-member units and one single-member unit have been accommodated. There were 48 persons in residence at the end of the year.

The staff at Wilson House provide a "good neighbour" service to these residents, such as calling in doctors, making meals and fires when necessary, and arranging for local authority domiciliary services to be laid on. In practice, some aspect of this service is provided on an average once per week.

Residents of the flats have a standing invitation to partake in the recreational activities of Wilson House.

Other Hostels.

Over the years handicapped persons when requiring residential accommodation have been placed in homes catering for their particular needs. Thus two blind persons were found accommodation in the William Wilding Galloway Home for the Blind, Penwortham, making the total numbers resident in this Home, ten. There is one other blind person resident in the Springhill Home for the Blind, Nelson.

There have been no placements of epileptics during the year and the number of epileptics in accommodation is as follows : six at Langho Epileptic Colony, one at the Maghull Home for Epileptics, Liverpool, one at the Chalfont Colony, Bucks., and one at the David Lewis Colony, Warford.

Two severely handicapped persons were found special accommodation making a total of five who have been placed over a period of time.

Table 90 shows the number of persons classified according to handicap, in various hostels at the end of the year.

Table 90.										
Persons resident in accommodation on 31st December, 1960.										
Descriptions of persons accommodated	In premises managed by the Council		In accommodation provided on behalf of the Council				No. of persons accom- modated for whom other local auth- orities are responsible		Total No. of persons for whom the Council are respon- sible	
			By other local authorities		By voluntary organisa- tions					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Not materially handi- capped—										
aged	73	98	—	—	—	1	12	7	61	92
not aged	—	—	—	—	—	—	—	—	—	—
Blind—										
aged	3	2	—	—	1	9	—	—	4	11
not aged	—	—	—	—	1	—	—	—	1	—
Deaf	—	—	—	—	—	—	—	—	—	—
Epileptic—										
aged	—	—	—	3	—	—	—	—	—	3
not aged	1	—	2	1	1	2	—	—	4	3
Other physically handi- capped—										
aged	54	84	—	—	—	—	11	9	43	75
not aged	2	4	—	—	5	1	—	1	7	4
Mentally handicapped—										
aged	2	14	—	—	—	—	1	6	1	8
not aged	4	2	—	—	—	—	1	—	3	2
Total ...	139	204	2	4	8	13	25	23	124	198

Reception Centre.

The decline in the number of persons making use of the Reception Centre, evidenced in the preceding year, continued through 1960, so that by the end of the year the number of persons accommodated was some 380 less than in 1959. Again one can only surmise that full employment throughout the country, the closure of Centres in the Region, making the distance between Centres longer, is having an effect on the number of persons classed as "casuals." Indeed the Ministry concerned have seen fit to close, as from the 31st December, the Preston Centre.

There was accommodation for 42 men and 4 women. The Council, on behalf of the National Assistance Board, maintained and staffed the premises.

Three aged men were admitted to residential accommodation from the Centre.

Table 91 shows the number of persons accommodated by month in each of the last seven years.

Table 91. Persons accommodated in the Reception Centre, Fulwood, 1954-1960.										
Month	Men	Women	Children under 16	1960 Total	1959 Total	1958 Total	1957 Total	1956 Total	1955 Total	1954 Total
Jan. ...	637	16	—	653	883	1,005	986	785	961	924
Feb. ...	635	23	—	658	793	985	976	746	897	830
March ...	825	14	—	839	994	1,180	1,048	951	932	1,010
April ...	915	13	—	928	1,057	1,227	1,053	881	1,073	1,046
May ...	1,063	48	9	1,120	1,031	1,265	1,112	951	960	1,064
June ...	812	17	—	829	883	1,210	1,124	923	952	1,045
July ...	801	9	2	812	913	1,188	1,183	873	882	1,076
August ...	882	18	7	907	888	1,180	1,166	937	903	1,136
Sept. ...	839	9	—	848	817	1,050	1,047	883	806	1,036
Oct. ...	901	16	4	921	817	985	1,095	805	901	1,047
Nov. ...	751	10	—	761	721	917	1,016	846	877	963
Dec. ...	743	14	—	757	616	921	1,026	884	829	904
Grand Total ...	9,804	207	22	10,033	10,413	13,113	12,832	10,465	10,973	12,081

Temporary Accommodation.

Temporary accommodation is provided for up to six family units in the old nursery block section of the Civic Hostel, Fulwood. During the year two families were admitted for periods of seven days and 31 days respectively.

In 1953 the Council opened adapted premises for the purpose of the rehabilitation of certain families. These premises provide accommodation for up to five family units. To date seventeen families have been considered sufficiently rehabilitated to have been granted houses by the housing committee. This figure includes two families that were re-housed during the year.

Two families comprising three adults and five children were in residence at the end of the year.

Table 92 shows the number of persons in temporary accommodation on the 31st December, 1960.

<div>Table 92.</div> <div>Persons in temporary accommodation.</div>										
Description of persons accommodated	In premises managed by the Council		In accommodation provided on behalf of the Council				No. of persons accom- modated for whom other local auth- orities are responsible		Total No. of persons for whom the Council are respon- sible	
			By other local authorities		By voluntary organisa- tions					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
PERSONS OVER 16—										
(a) evicted ...	—	—	—	—	—	—	—	—	—	—
(b) others ...	1	2	—	—	—	—	—	—	1	2
ACCOMPANIED CHILDREN—										
(a) evicted ...	—	—	—	—	—	—	—	—	—	—
(b) others ...	5	—	—	—	—	—	—	—	5	—
Total ...	8	—	—	—	—	—	—	—	8	—

Welfare of Handicapped Persons.

The Handicapped Persons' Workshop and Social Centre — specially built premises to provide (1) an opportunity for work in sheltered conditions for physically handicapped persons unable to maintain a position in industry ; (2) handicraft facilities and recreational and social activities for all classes of handicapped persons — has been opened from 2-0 p.m. to 9-30 p.m. on Tuesday and Wednesday of each week for the blind, and from 10-30 a.m. to 9-30 p.m. on Monday and Thursday of each week for the general classes of handicapped persons.

Physically handicapped persons in need of transport are taken to and from the Centre in a vehicle which has been specially adapted for this purpose, for mid-day meals, handicrafts, social activities and concerts.

The Open Day and Sale of Work held in September was attended by some 400 members of the general public, who took the opportunity of looking over the premises and spent approximately £120 in the purchase of articles made by the physically handicapped and blind. The general public were later entertained to a display of Old Time Dancing and a concert. The members of the dancing team and the concert party are either blind, partially sighted, or physically handicapped persons on the Authority's registers.

The concert party formed from persons attending the Centre continues to flourish and is well received wherever it goes. All help given in the production of shows is voluntary. In addition to the shows given in church halls for church purposes, two special concerts realised £40 for the World Refugee Fund.

The chiropody service started in the later part of 1959 is well patronised and is fully appreciated by those using the service.

On Friday afternoon the Social Therapy Group for mentally ill patients use the Centre for handicrafts and social activities from 2 p.m. until 5 p.m., and in the evening the Society for the Mentally Handicapped hold their youth club night from 7 p.m. to 9 p.m.

Blind and Partially Sighted.

Over the year an average of 46 blind and partially-sighted attending the Social Centre have had 2,298 lessons on one or more of the following handicrafts ; hand loom weaving, knitting, soft toys, stool seating, string bags, coral necklaces, latex artificial flowers, basket and rug making, marquetry, embroidery and fire screens. In addition housebound people have had 52 lessons on various handicrafts taught them in their own homes.

There have been 5,446 domiciliary visits made by the Home Teachers. During these visits the Home Teachers have on 288 occasions provided various small services for the blind person concerned, such as letter writing, repairing garments, making fires. Braille is being taught to six persons and Moon to three persons, 62 and 31 lessons respectively having been given. In addition 46 can read Braille and 15 can read Moon.

The National Library for the Blind Service is used by 24 blind of the area, and 10 use the talking book service.

Through the British Wireless for the Blind Fund, wireless sets are provided for 37 persons and the Rediffusion service for 130 persons.

Free bus passes, wireless and dog licences were obtained for 254, 232 and 23 persons respectively.

One person has the use of a guide dog and an application has been made for another man to be provided with one.

The ophthalmologist examined 40 persons during the year. Of these he certified 24 as blind and 16 as partially-sighted. Of those certified blind, 4 were from the partially-sighted register.

Concerts and a Christmas Party were held during the winter months, and two summer outings organised. These events were well supported, an average of 100 attending the concerts, 150 attending the Christmas function, and an average of 140 the outings.

Housebound blind received a gift of either chocolates or tobacco at Christmas time.

Chiropody treatment was being given to 17 persons at the end of the year. The number of treatments given was 75.

Employment.

Workshop employment and training of the blind is carried out through a voluntary organisation — the Institute for Blind Welfare, Fulwood. At the end of the year 27 persons were in employment in the Workshops of this organisation and two men and one woman were undergoing training.

Four retired Workshop Employees derive benefit from the Council's non-contributory pension scheme.

There are 24 persons employed in open industry of whom five are self employed.

Active measures directed towards the placement of blind persons in employment continue to be made directly by the staff of the authority in association with the appropriate official of the Ministry of Labour and National Service.

Deaf and Hard of Hearing.

Welfare services in respect of the Deaf and Hard of Hearing are carried out on behalf of the Council through the agency of the North and East Lancashire Welfare Association for the Deaf. This Association provides a full range of services, including placement in employment, advisory, social and recreational. The Council has representation on its executive body. For financial year 1960/61 the Authority made a contribution of £980 to the Association. This represented a per capita grant of £14 for each registered deaf person residing within the borough, excluding deaf blind school children and persons resident in Part III accommodation or hospitals.

General Classes of Handicapped Persons.

Handicraft, recreational and social activities are provided at the Social Centre on Monday and Thursday of each week from 10-30 a.m. to 9-30 p.m.

Handicraft sessions at the Centre have been attended by an average of 21 persons and a total of 2,121 lessons have been given. In addition 10 housebound handicapped have had instruction in their own homes in simple pastime occupations.

An average of 54 persons have attended the recreational and social activities at the Centre.

The usual monthly concerts and Christmas Party were held during the year. Housebound handicapped were given a present of either chocolates or cigarettes at Christmas time.

During the year two young women were engaged in remunerative employment in gold thread embroidery and two were undergoing training in this craft. The number of lessons attended by these trainees was 250.

An average of 14 persons had dinner at the Centre. During the year 975 meals were served. The cost to the individual was 1s. 6d. per meal.

At the end of the year 36 people had received a total of 154 chiropody treatments.

Table 93 shows the number of persons included in the various registers of handicapped persons, arranged according to age, sex and handicap.

Table 93. Number of persons registered on 31st December, 1960, in accordance with handicap and age group.						
Age Group	Sex	Blind	Partially Sighted	Deaf	Hard of Hearing	Other Handicapped Persons
1+	Male ...	—	—	—	—	5
	Female ...	1	—	1	—	2
5+	Male ...	—	—	1	2	18
	Female ...	—	1	1	2	8
10+	Male ...	—	3	3	9	10
	Female ...	2	—	1	4	21
15+	Male ...	4	2	8	4	50
	Female ...	1	1	—	4	46
20+	Male ...	7	3	2	2	39
	Female ...	1	2	4	6	32
30+	Male ...	7	—	9	2	18
	Female ...	5	1	9	5	25
40+	Male ...	16	1	4	1	31
	Female ...	15	—	8	3	25
50+	Male ...	18	3	7	3	34
	Female ...	19	4	4	7	43
60+	Male ...	13	1	2	3	23
	Female ...	25	6	1	7	19
65+	Male ...	11	1	1	3	13
	Female ...	17	10	3	5	19
70+	Male ...	25	8	5	5	24
	Female ...	63	32	6	12	32
80+	Male ...	15	4	—	1	2
	Female ...	26	6	—	7	13
85+	Male ...	9	2	—	2	1
	Female ...	11	4	—	3	8
90+	Male ...	3	—	—	2	1
	Female ...	6	—	—	—	—
	Total ...	320	95	80	104	562

Domiciliary Visiting and Care.

Visiting of the aged is carried out by the health visitors. During the year 842 such visits were made. On the initial visits immediate needs are met, a case history compiled and when necessary follow-up visits are carried out. Members of the staff of the Welfare Section devote part of their time to enquiries into applications for hostel admission, for flats and protection of property.

Voluntary organisations, such as the Preston Council of Social Service, the Women's Voluntary Association and religious groups have continued to provide for the regular visiting of aged persons whenever necessary. In this respect some 107 old people have been visited regularly during the year. Members of the Preston Council of Youth, the Catholic College Old Boys' Sodality Group and the children of the Deepdale Secondary School have continued their good work among the old folk befriended by them. Various jobs done have included shopping, window cleaning, chopping wood, cutting hedges and lawns, etc. The Council of Youth members have carried out home decoration for the old people and have undertaken hospital visiting. This group has also arranged concerts and the distribution of food parcels at Christmas time.

Some 160 elderly people attended the W.V.S. Chiropody service for treatment.

Protection of Property.

It was found necessary to remove to a place of safety the property of three persons admitted to hospital.

Of five persons provided with accommodation for a temporary period it was only necessary to remove the property of one of these to a place of safety. In two other cases the houses were securely fastened and arrangements made for police surveillance whilst the other two cases were of people living in lodgings and their effects were safeguarded by relations.

Interments.

Under the provision of Section 50 of the National Assistance Act, 1948, the Welfare Section has arranged for the burial of eleven deceased persons for whom no suitable arrangements for the disposal of the bodies had or were being made.

Interments are arranged in accordance with set recommendations with agreed scales of charges.

Full funeral costs were recovered from the estate of the deceased in eight instances, and part of the costs recovered in the other three cases.

Table 94.
Follow-up of Registered Blind Persons.
January 1st—December 31st, 1960.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	1	—	—	3	4
(b) Treatment (medical, surgical or optical) ..	8	3	—	9	20
Total	9	3	—	12	24
2. No. of cases at 1(b) above which on follow-up action have received treatment	6	3	—	8	17

Table 95.
Follow-up of Registered Partially Sighted Persons
January 1st—December 31st, 1960.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	—	—	—	2	2
(b) Treatment (medical, surgical or optical) ..	6	—	—	6	12
Total	6	—	—	8	14
2. No. of cases at 1(b) above which on follow-up action have received treatment	5	—	—	6	11

APPENDIX I

A report submitted to the Health Committee on 21.6.60 and approved by the Council at its meeting on 17.7.60.

Clean Air Act, 1956. Section 11

Proposed Preston (Area No. 5) Smoke Control Area

The area lying to the North West of Longridge Road opposite the works of Messrs. Courtaulds Ltd., is being developed for light industrial purposes (Longridge Trading Estate) and it will be convenient and expedient to make, at the present stage in its development, a Smoke Control Order to cover it.

Some property on the site has been demolished and no housing is included within the area. New premises have been erected on one site by Messrs. S.P.D. (Unilever) Ltd., and prior approval was given to the boiler plant which is now installed and will not require any alteration to conform with the requirements of an Order.

Other sites have been let to :

- (a) British Road Services Ltd.— for storage purposes.
- (b) Co-operative Wholesale Society Ltd.— for bottle washing premises.
- (c) Scaffolding (G.B.) Ltd.— for storage purposes.
- (d) Highfield Development Engineering Co.— for light engineering.
- (e) Farnley Sand and Gravel Co.— for precasting concrete.

A fairly large portion of the site is occupied by Messrs. Courtaulds Ltd., as a sports ground.

Definition of Area.

The area is bounded by a line which commences at a point on the easterly boundary of the Longridge branch railway line, at its junction with the south-western corner of the boundary with the Blessed John Southworth R.C. Secondary School playing field ; then runs in an easterly direction along the southern boundary of the said playing field to a point on the centre line of Longridge Road opposite ; then continues along the centre line of Longridge Road in a generally southern direction to a point of junction with the easterly boundary of the railway line to Courtauld's Factory where it passes under Longridge Road; then in first a westerly direction and then a northern direction along the boundary between Messrs. Courtauld's sports fields and the branch railway line to their factory to a point of junction with the easterly boundary of the Longridge branch railway line ; then continuing along the easterly boundary of the Longridge branch line in a northerly direction to the point of commencement.

Size of Area.

87.25 acres approximately.

Number and character of premises within the area.

(1)	Industrial premises	...	...	...	...	1
(2)	Sports pavilions	...	...	...	...	2
(3)	Signal cabin and platelayers' hut	...	...	...	...	2

Cost of Conversion.

Nil.

Fuel Replacement.

Ten tons.

Date of Order.

1st June, 1961.

J. S. G. BURNETT,
Medical Officer of Health.

APPENDIX II

A report submitted to the Health Committee on 16.8.60 and approved by the Council at its meeting on 1.9.60.

COUNTY BOROUGH OF PRESTON

NATIONAL HEALTH SERVICE ACT, 1946 — SECTION 28

Proposals for the Provision of a Mental Health Service as Modified and Approved by the Minister of Health on the 29th July, 1960.

1. General.

The authority will make the appropriate arrangements for the prevention of mental illness, the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular they will provide, or cause to be provided, junior training centres, adult training centres, social clubs and a home visiting service. The need for home training, residential accommodation and day centres will be kept under constant review and all or any of these services provided if the need arises.

2. Organisation and Staff of the Service.

In addition to the existing arrangements, the authority expect to increase their staff employed in the mental health service and in particular intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. The Authority will continue to take whatever measures are necessary to ensure that their staff of all grades are adequately trained and/or qualified. The links with hospitals, general practitioners and voluntary bodies will be maintained and strengthened by all practicable means.

3. Junior Training Centres.

In addition to the existing arrangements, the junior training centres are expected to develop on the following lines :

- (1) By the addition of a nursery unit to cater for the young child who has not reached the stage where he can attend the present centre.
- (2) In the case of males by the restriction of its use to the under-16's when the adult training centre is available.
- (3) By the provision of additional accommodation should the need arise.

The authority's plans are expected to provide, within the next three years, places for all suitable cases.

4. Adult Training Centres.

It is intended that the Adult Training Centre will provide training and diversionary activities in the manual crafts according to the aptitude and ability of the individual and the Centre will be expanded and adapted as may be found necessary in the light of experience.

The authority's plans are expected to provide, within the next three years, places for most of the suitable cases.

Separate provision will also be made, as necessary, for adult women.

5. Residential Accommodation.

The authority will keep under constant review the need for providing residential accommodation and will provide such accommodation as is found to be necessary either directly or in association with other authorities or voluntary organisations.

It is intended that the residents, so far as is reasonably practicable, will work in ordinary or sheltered employment or attend a training centre, as is considered most appropriate in each individual case.

6. Home Training.

It is anticipated that the needs of most cases will be met by the provision of facilities at Training Centres, but the authority will keep under constant review the need for a system of home training and suitable arrangements will be made if found necessary.

7. Day Centres, Social Clubs and Other Activities.

The authority will keep under review the need for day centres and social and other activities and will make such developments or additions to their services as they deem appropriate in the light of experience.

8. Home Visiting Service.

The authority intend to strengthen the existing arrangements by the appointment of additional suitably qualified staff, including, if possible, trained psychiatric social workers.

9. Guardianship.

It is the authority's intention to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the authority or of other persons, when these replace the functions under existing legislation.

**Notes on the Arrangements existing immediately prior to the
Approval of the foregoing Proposals.**

(a) The proposals in paragraph 1 are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act : existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts 1890-1930, and the Mental Deficiency Acts 1913-1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959 : the proposals relating to duties under the repealed sections will then cease to have effect.

(b) The following is, in outline, a description of the existing organisation and staffing arrangements :

The functions of the authority in regard to mental health have been referred to the Health Committee which has established a Mental Health Sub-committee to consider and report on all matters relating to the Mental Health Service.

The Mental Health Service is under the supervision of the Medical Officer of Health and one of the Assistant Medical Officers of Health undertakes a general oversight of the day-to-day work of the service.

The establishment provides for the appointment of one whole-time Psychiatric Social Worker, but it has rarely been possible to find a qualified candidate for the post.

Four officers have been appointed to the combined posts of Duly Authorised Officer and Mental Health Worker, three of whom have attended a training course organised by the Northern Branch of the National Association for Mental Health.

A junior training centre has been established with a staff of Supervisor, four Assistant Supervisors, one student and domestic staff. The Supervisor and Assistant Supervisors all hold the Diploma of the National Association for Mental Health.

All staff are required by the authority to attend such training courses as are considered appropriate.

Active co-operation is maintained with the Preston Society for Mentally Handicapped Children, particularly in the running of a creche and a youth club.

A Consultant Psychiatrist employed by the Manchester Regional Hospital Board acts in an advisory capacity on a part-time basis, thus achieving a fairly effective liaison with the hospital psychiatric service. Further liaison is achieved by the regular attendance of duly authorised officers/mental health workers at psychiatric out-patient clinics and at group therapy sessions held at the two local general hospitals by the consultant psychiatrist. The duly authorised officers visit and make reports on home conditions

and family histories relating to patients in hospital at the request of the Medical Superintendent. Notification is received of discharge of cases from mental hospitals and the duly authorised officers undertake their after-care and general supervision.

Liaison with the general practitioners is maintained as far as possible.

(c) A Junior Training Centre of 57 places, 37 of which are at present occupied by the under-16 age-group, has been provided. By arrangement with the Lancashire County Council, children from that area are admitted to the centre. Ancillary services are provided as follows :

- (1) Mid-day meals are supplied daily from the Civic Hostel, Fulwood.
- (2) The centre is visited regularly by one of the Assistant Medical Officers and all the usual diagnostic and special treatment facilities available to pre-school and school children are available to those attending the centre.
- (3) Children who cannot reasonably use public transport are conveyed to and from the centre by ambulance service vehicles.
- (4) Holidays are arranged at the National Association for Mental Health Holiday Home at Rhyl.

(d) No Adult Training Centre has yet been established, but a scheme is in hand for a centre to be provided for adult males. A number of over 16's, both male and female, are at present in attendance at the Junior Training Centre.

No arrangements have been made with voluntary bodies.

(e) No residential accommodation is provided at present by the local health authority. Accommodation in hospitals or homes run by voluntary organisations is used when required for short-term care.

(f) No arrangements have been made for the provision of home training.

(g) The authority, in co-operation with the Preston Society for Mentally Handicapped Children, provides a creche where lower grade children are cared for on two afternoons per week. The premises are provided and maintained by the authority and staffed by members of the voluntary body.

A Youth Club meets on one evening each week in premises belonging to the authority ; the staff being provided by the voluntary association. Woodwork and handicrafts are taught and games and music provided. The premises in which the Youth Club meets are used on other days by the blind and physically handicapped.

The authority also provides a "Personal Help" Service where members of the public who have any worries are invited to attend and discuss them with an experienced mental officer.

(h) The general arrangements for home visiting to provide care and after-care are undertaken by the duly authorised officers/mental health workers, supplemented as necessary by other staff.

COUNTY BOROUGH OF PRESTON
LOCAL EDUCATION AUTHORITY

A REPORT

OF THE

School Medical Officer

on the health of the school children
and on the work of the school health
service for the year
1960.

ANNUAL REPORT, 1960

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INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE SPECIAL SERVICES SUB-COMMITTEE
OF THE EDUCATION COMMITTEE.

Once again I have to report that the main difficulties encountered during the year under review in providing an adequate school health service were associated with deficiencies in staff especially in relation to speech defects, dentistry and physiotherapy. These deficiencies which are now chronic in character are not peculiar to Preston and their solution lies further afield. In the meantime the available staff in these specialities are applying appropriate measures to meet the demand in the manner best suited to the circumstances.

There has been no outstanding feature in the work of the service in the current year and the opportunity has been taken to review the operation of the service in rather greater detail than usual. I am grateful to Dr. Purdom who has undertaken this task and is therefore largely responsible for opinions and comments in the body of the report.

J. S. G. BURNETT,
School Medical Officer.

It is considered opportune to review in some detail the operation of the School Health Service in Preston.

In the early years of the School Medical Service, inaugurated in 1908, routine medical inspection of pupils was the principal, and almost the only, duty of the school medical officer. This still remains the basic function of the service, and therefore the various routine examinations of all children attending the Local Authority's schools will be discussed first, followed by a description of the special services provided for detection, prevention and, to a limited extent, treatment of defect or disease.

Statistical data, including the the cost of the School Health Service and tables relating to the medical inspection of school children, will be found in the Appendix at the end of the report.

1. Staffing.

Integration of the School Health Service within the general public health and welfare service of the county borough is ensured by both public health and school health duties being undertaken by many members of the staff. Thus all school medical officers are also assistant medical officers of health, all health visitors have certain school medical duties, while clinic nurses assist at immunisation sessions in addition to their routine work in schools. The six school medical officers devote approximately fifty per cent of their time to school health duties. With a total school population of 20,004 pupils at 31st December, 1960, the medical staffing was equivalent to one full-time doctor for every 6,667 pupils.

2. School Population.

The table below shows the number of schools of various types in the Borough and the number of children on the roll at 24th December, 1960.

Type of School	No. of Schools	No. on Roll
Primary	34	11,276
Secondary	10	5,117
Secondary Grammar	5	3,276
Special (Day)	2	234
Nursery School	1	101
Total	52	20,004

Schools closed during the year were :

St. Cuthbert's	...	...	...	...	35 pupils
Harris Technical and Commercial	157 „

Schools opened during the year :

St. Bernard's Junior...	280 „
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3. Co-ordination with other Departments.

Co-ordination with the various sections of the Education Department is necessary for the proper functioning of the School Health Service.

In addition to the close link with teachers, there is frequent association with the Child Psychiatrist, the Educational Psychologists, the Youth Employment Officer and the School Welfare staff.

There is collaboration also with the Children's Department, especially in regard to children due to be taken into care. These require to be medically examined before admission.

Mutual concern for the welfare and safety of school children accounts for occasional discussion with probation officers and with inspectors of the National Society for Prevention of Cruelty to Children.

A. ROUTINE EXAMINATIONS.

Periodic Medical Inspections.

Each school child is examined by the school doctor on three occasions, viz. : (1) on entry to school ; (2) at eleven years of age ; (3) in the year prior to leaving school. Pupils at grammar schools in the borough have an additional examination at the age of thirteen years. The two Convent grammar schools for girls and the Catholic College for boys are visited annually for medical inspections although they are not maintained by the Local Education Authority.

(1) Accommodation.

The requirement that, where possible, medical inspections should be carried out in the school premises has been strictly observed in Preston. Although the facilities in schools are often far from ideal, only rarely are the periodic Medical inspections performed in school clinics.

In only half of the schools is there a medical room provided ; eight of the 20 schools with this provision have also an adjoining waiting room and have proved to be entirely satisfactory. These are the new post-war schools.

In 19 schools no accommodation is specifically provided. In 15 of these what is put at the disposal of the School Health Service is unsuitable, while in the remaining four schools facilities are reasonable although inconvenient to the school staff.

The main defects in the accommodation are inadequacy of space and lighting, a lack of privacy, and disturbance from various school activities. Space is too limited in twelve schools for weighing scales to be installed, while in some others these are liable to damage because of their siting. In consequence, weighing and measuring at routine inspections is not always feasible. The introduction of portable scales which can be safely stored when not in use has proved the solution to the problem in two schools, and this provision might well be extended to other schools where there is this lack. In the older schools, vision testing must necessarily often be carried out in corridors which are ill-lit. The use of a portable illuminated eye chart, which has been obtained this year, has resolved this difficulty.

(2) Organisation for Periodic Medical Inspections.

In Preston, a health visitor and clerk accompany the school doctor for the periodic medical inspections. Whenever possible, the health visitor for the district concerned attends. Her knowledge of the family and home conditions in many instances, is invaluable for a true assessment of the child. By home visiting she can obtain further information that may be required, reinforce any advice given and help to secure the co-operation of the parents. Although parents are invited to be present at each routine medical inspection of their child, on the average less than one third attend.

All records of periodic inspections are filed centrally at the School Health office. The clerical staff are responsible for making the necessary arrangements with head teachers from lists of names of pupils supplied, sending out invitations to parents, and completing various records. A summary of the findings at medical inspections is entered by the clerk on a second card. This is normally retained in the school or clinic, available for any subsequent special inspection.

It is customary for a report concerning any defect or disease to be sent to the child's own doctor only where treatment by him or in hospital is indicated, or where his opinion or consent is sought prior to referring a child to one of the specialist clinics. Our experience is that the majority of general practitioners are glad for their younger patients to have the facilities provided in the School Health Service for diagnosis, treatment and prevention of ill-health.

School medical records are retained for approximately five years after school leaving age. It is only very rarely that a request for medical information is made after that period.

Good relations with the teaching staff are important, and these have been largely secured and maintained in Preston. The co-operation of teachers in the arrangements for medical inspections, and their observations regarding the progress and problems of pupils are much appreciated.

(3) Medical Inspections of Entrants.

Examination of school entrants normally occurs after they have been in school one term. The child has had time to settle in the school environment, and medical inspection is generally accepted as part of the school routine. Furthermore, the teachers have by then some impression of the child's intellectual ability

and social behaviour—information which may well influence the medical officer's decision regarding the necessity for further review. Where the child's condition is causing concern to the teacher, earlier examination, during the first term, may of course be carried out.

Somewhat less than two-thirds of the parents of entrants attend the periodic inspection. The questionnaire sent to parents prior to the examination is often returned incompletely filled in, or containing misleading statements. Opportunity is therefore taken of obtaining from parents attending a clearer picture of the child's medical history including immunisation injections received. Especially where there are many for examination, the health visitor may arrange to do the routine weighing and vision testing in advance, thus allowing more time on the day for obtaining information and giving advice.

The routine vision testing of entrants was introduced in August of this year. Children at this age are not sufficiently advanced to be tested with the ordinary "Letters" eye chart. The "Hands" test (on the same Snellen's scale, and produced by Hamblins) has been found preferable to the "E" test often used for illiterate persons. For the child to place his own hand in the positions indicated by the nurse with the test cards, is simpler than manipulation of the cut-out letter "E." The fact that, of 500 entrants tested, eight were referred for treatment and 15 required observation suggests the value of vision testing at this age.

(4) Intermediate Medical Inspection.

In 1959, regulations gave local authorities opportunity for discontinuing the intermediate medical inspection of school children. As an alternative to this, it has been suggested that a list of children requiring medical examination should be drawn up by the school doctor from information given on questionnaires completed by parents ; from scrutiny of school registers for absenteeism and of medical records for children with defects meriting review ; and lastly from reports of teachers, school nurses and others, and from personal observation of children at play.

In Preston, however, there is at present opportunity on each visit to the school (usually at least twice per term) for discussion with teachers of any children giving concern. More frequent contact with the schools is maintained by the school nurses at their hygiene inspections and minor ailment clinics, and they can readily report any problem to the school doctor. Despite this good co-operation, it is felt that to list children who require an intermediate medical examination from answers on questionnaires and information from the school, might exclude some with defects or disability remaining unsuspected. Routine medical inspection of all school children at eleven years of age has therefore been continued. One in ten children at this age is found to have a defect (other than defective vision) requiring observation or treatment.

(5) Medical Inspection of Leavers.

The medical inspection of leavers is normally carried out during their penultimate term in school. This is to allow time for arrangements to be made through the School Health Service for any investigation, treatment or review that may be necessary. In addition to the usual physical examination, colour vision has

hitherto been tested at this age. In future this will be carried out at the intermediate medical inspection, since the knowledge of a defect of colour vision may affect the choice of a career.

Where certain types of employment are contra-indicated because of some disability the Youth Employment Officer is notified so that he may be guided in advising suitable employment.

(6) Findings at Periodic Medical Inspection.

Altogether 6,220 children were given a periodic medical examination in 1960, compared with 6,237 in the previous year. Defects requiring treatment totalled 1,418. Details of the findings at medical inspections will be found in the Appendix in table 102.

(7) Physical Condition.

Only four out of the 6,220 children examined were classed as being of "unsatisfactory" general physical condition. This satisfactory situation is the result of better environment. Improved homes, schools, clothing and diet (but especially the latter), are all factors in the improvement in physique of the school child.

Control of the nutritional value and price of food products has made available for all an adequate diet. Welfare foods, and meals and milk in schools have played their part in supplementing any lack for the growing child.

(8) Comparison of defects found in 1960 with ten years previously.

The following table shows the relative incidence of certain defects found at periodic medical inspections in 1950 and 1960.

Table 97.										
Certain defects found at periodic medical inspections in 1950 and in 1960.										
Defects requiring treatment									1950	1960
Skin	...	...	...	...	...	...	...	...	77	126
Eyes (vision, squint, etc.)	...	...	...	...	...	...	...	...	505	765
Nose and throat	...	...	...	...	...	...	...	...	179	126
Lymphatic glands	...	...	...	...	...	...	...	...	16	5
Heart	...	...	...	...	...	...	...	...	60	6
Lungs	...	...	...	...	...	...	...	...	47	31
Total number of defects									1,621	1,418
Total number of children examined									5,702	6,220

Defective vision, squints and other eye defects accounted for more than half of the total defects requiring treatment. This is in contrast to the position ten years ago when they constituted 31.2% of defects needing treatment. It is the lowered incidence of other defects that has caused this, for there has been no material increase in the incidence of visual defects in school children in Preston during the last ten years.

Hygiene Inspections.

Hygiene inspections are carried out each term on all school children with the exception of those attending grammar schools. These inspections were adopted initially to assess the incidence of infestation and uncleanliness and to ensure that measures were taken for treatment and prevention. They do, however, give the nurse opportunity to detect evidence of physical or emotional illness, and the child a chance to disclose any problems. If indicated, the child may be referred to the school medical officer or the general practitioner, or advice may be given to the child or in a visit to the home.

The improvement in the incidence of head louse infestation noted last year has, unhappily, not been maintained this year. The percentage of pupils found to be infested in 1960 was 12.9% as compared with 9.1% in 1959. The table below sets out the figures for the two years.

Table 98.
Uncleanliness.

	1959	1960
Total number of examinations in the schools by the school nurses	44,878	47,264
Total number of individual pupils found to have head louse infestation	1,598	2,250

Routine Vision Testing.

Each school child has a test of vision at ages 8-9 and 13 years. These are additional to the routine testing carried out at the three medical inspections. For grammar school pupils, the testing at 13 years forms part of the medical examination at that age. Vision testing at these two ages is one of the duties of the clinic nurse.

Routine Audiometry.

All the clinic nurses are trained in the use of the "Amplivox" pure-tone audiometer and carry out the individual hearing tests on all 6-7 year old children. Hearing in each ear is tested separately using a fixed range of frequencies at a uniform level of intensity. If there is failure of response at any stage of the test the child is referred to the school medical officer for examination.

During 1960, 837 children in 15 schools had this test of hearing. Of these, 204 failed the test. Conditions for testing are in many schools far from ideal and this, together with the fact that total success is required for the test to be passed, accounts for the relatively high proportion of failures.

On review by the school medical officer, one third of the failures were considered to have satisfactory hearing and no defect was found, while of the 30 who later had a full pure-tone audiogram carried out only four were discovered with a hearing loss. Below is shown the disposal of the cases referred to the school doctor :

Hearing satisfactory : no defect found...	67
For review in one year	38
Referred for removal of wax	28
Referred for pure-tone audiogram ...	32
Normal audiogram ...	26
Referred E.N.T. clinic ...	4
Defaulters	2
Referred direct to E.N.T. clinic ...	18
Previously referred to E.N.T. clinic ...	11
Referred to general practitioner ...	5
Permanent defect : no treatment required	1
Did not attend for review	4
	<hr/>
	204
	<hr/>

The conditions necessitating reference to the ear, nose and throat clinic were enlarged tonsils and adenoids, infected antra and otorrhoea.

In this series no children were discovered by the sweep audiometry who later required classification as deaf or partially deaf or needed the provision of a hearing aid.

B. SPECIAL EXAMINATIONS.

Special Medical Inspections.

Special medical inspections are held in schools having a medical room or at the nearest school clinic. They are held at varying intervals according to the need for them. It is true to say, however, that every school is provided for not less frequently than once a month, and the majority every fortnight. Where more urgent or frequent review of a particular pupil is indicated, alternative arrangements are made.

The following is a classification of the reasons for special inspection :

- (1) Defect found at periodic medical inspection requiring review.
- (2) More detailed examination and/or history required following periodic medical inspection.
- (3) Examination of pupils referred by clinic nurse, teacher and others.
- (4) Examination of absentees from periodic medical inspection.
- (5) Examination of children for juvenile employment.
- (6) Examination of children referred for holiday at Convalescent Home,

Defects of the following account for the majority of re-examinations (in order of frequency) :

- (i) Eyes
- (ii) Ear, nose and throat
- (iii) Orthopaedic.

Table 103 in the Appendix gives the number of children with defects requiring observation or treatment seen at special inspections.

Handicapped Pupils.

(1) Ascertainment.

In addition to examining children for physical handicap, all the school medical officers are qualified to undertake assessment of mental handicap and recommend to the Local Education Authority any special educational provision that may be indicated. The 1959 Mental Health Act has not materially altered the procedure for this ascertainment.

In connection with both physical and mental disability the child's condition and medical history are frequently already known to the examining doctor from previous interviews at child welfare clinics.

(2) Mental Testing.

With regard to children referred for mental testing, in addition to any personal knowledge he may have of the child, the school doctor will have a complete a form 3 H.P., the information from which may be amplified or clarified by discussion with the teacher and there may also be a report from the educational psychologist.

Mental testing is normally carried out at the School Health headquarters although, under certain circumstances, testing in the home may be necessary. Routine work during term-time usually dictates these examinations being held during school holidays except where urgent ascertainment is indicated.

Review of those children attending the Day Special School for Educationally Subnormal children is undertaken at the school by one of the school medical officers, Dr. Ridehalgh. She is also responsible for the periodic medical inspection of these children. Each child at this school requires to have a final assessment of intelligence before leaving school. Those children who need supervision after leaving school are reported to the Local Health Authority.

Details of mental examinations carried out during the year are given in Table 111 in the Appendix.

(3) Examination of Physically Handicapped Pupils.

Children requiring special educational treatment because of physical disability are reviewed at least once a term. Those having home teaching are normally examined during the school holidays. The pupils attending the Open Air School for Physically Handicapped Pupils are medically examined each term in school, weekly visits being made by the school medical officer, Dr. Purdom, for this purpose.

(4) Disposition of Handicapped Pupils. =

Details of the number and disposition of handicapped pupils are given in Table 105 in the Appendix. Figures throughout the table and in the following notes refer to numbers at the end of the year. The total number of children classed as "Handicapped Pupils" was 473. Of these the three largest groups were 148 pupils suffering from speech defect, 101 educationally subnormal pupils and 94 delicate pupils.

Children in Residential Special Schools.

- (a) **Blind Pupils**—one child classed as blind was in Henshaw School for the Blind, Old Trafford, Manchester.
- (b) **Partially Sighted Pupils**—one partially sighted child attended the day class at the School for Partially Sighted Children, Fulwood, Preston.
- (c) **Deaf Pupils**—the 14 pupils in this group were placed as follows :

Royal Cross School for the Deaf, Preston	...	11
St. John's Institution, Boston Spa, Yorkshire		3
- (d) **Partially Deaf Pupils**—12 of these children required special education and were in the Royal Cross School for the Deaf, Preston.
- (e) **Epileptic Pupils**—two children in this group were in Maghull Home, Maghull, Liverpool.
- (f) **Maladjusted Pupils**—there was one maladjusted pupil in Chaigeley School, Thelwall, Warrington.
- (g) **Physically Handicapped Pupils and Delicate Pupils**—the disposition of the six such pupils who were in residential schools at the end of the year was as follows :

Bradstock Lockett School, Southport	...	2
Convalescent Home for Physically Handicapped Children, West Kirby	... ..	1
St. Mary's College, Bexhill-on-Sea	... ..	1
Irton Hall, Holmrook, Cumberland	... ..	1
John Capel Hanbury Memorial School, Woodford Bridge, Essex	... ..	1

Children in Day Special Schools.

(1) Open Air School for Educationally Subnormal Pupils.

There were 96 pupils at the Open Air School for Educationally Subnormal Children in Moor Park at the end of the year. There had been 34 admissions and 17 discharges in 1960.

(2) Open Air School for Physically Handicapped Pupils.

At the end of 1960 there were 130 children at the Open Air School for Physically Handicapped Pupils in Moor Park. Table 99 shows the classification of the 42 children admitted to the school during the year.

Table 99.
Classification of cases admitted to the Open Air School for Physically Handicapped Pupils in 1960.

Congenital Defects :								
Congenital dislocation of hips	...	...	...	...	...	...	...	1
„ heart disease	...	...	...	...	...	...	...	2
Haemophilia	...	...	...	...	...	...	...	1
Respiratory Diseases :								
Asthma	...	...	...	...	...	...	...	5
Bronchitis	...	...	...	...	...	...	...	3
Bronchiectasis	...	...	...	...	...	...	...	3
Diseases of Nervous System :								
Cerebral palsy	...	...	...	...	...	...	...	4
Hemiplegia	...	...	...	...	...	...	...	1
Post-poliomyelitis paralysis	...	...	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	...	...	1
Migraine	...	...	...	...	...	...	...	2
Other Conditions :								
Anaemia	...	...	...	...	...	...	...	1
Chronic otorrhoea	...	...	...	...	...	...	...	3
Cirrhosis of liver	...	...	...	...	...	...	...	1
General debility...	...	...	...	...	...	...	...	10
Osteomyelitis	...	...	...	...	...	...	...	1
Speech defect	...	...	...	...	...	...	...	1
Tuberculosis of hip	...	...	...	...	...	...	...	1
Total								42

Children having Home Teaching.

Altogether 24 children who were unable to attend school for a considerable time were given home teaching for some period of 1960. There were 13 such children at the beginning of the year. During the year 11 new cases were added and ten were discharged. With two deaths there were 12 children having home tuition at the end of the year.

The 24 cases who had home teaching during the year are classified in the table below.

Table 100. Classification of children having home teaching								
Congenital Defects :								
Congenital heart disease	...	...	...	...	...	...	...	1
Haemophilia	...	...	...	...	...	...	...	3
Diseases of Bones and Joints :								
Osteomyelitis	...	...	...	...	...	...	...	1
Perthe's disease	...	...	...	...	...	...	...	1
Rheumatoid arthritis	...	...	...	...	...	...	...	1
Sarcoma	...	...	...	...	...	...	...	1
Tuberculosis :								
Pulmonary	...	...	...	...	...	...	...	2
Renal	...	...	...	...	...	...	...	2
Spinal	...	...	...	...	...	...	...	1
Other Conditions :								
Bronchiectasis	...	...	...	...	...	...	...	1
Glandular fever	...	...	...	...	...	...	...	1
Hemiplegia	...	...	...	...	...	...	...	1
Migraine (abdominal)	...	...	...	...	...	...	...	1
Nephritis	...	...	...	...	...	...	...	1
Nephrosis	...	...	...	...	...	...	...	1
Rheumatic Fever	...	...	...	...	...	...	...	3
Rheumatic Chorea	...	...	...	...	...	...	...	1
Schizophrenia	...	...	...	...	...	...	...	1
								24

(5) **Medical Aids for the Physically Handicapped.**

Mention might be made here of certain provisions for the physically handicapped child, the cost of which is borne by the Local Authority. Included among the medical aids provided has been rubber sheeting for incontinent children and a special bed-frame for a case of severe bronchiectasis. During 1960 gluten-free bread, obtained twice a week from Stockport, was distributed at the Open Air School for eight children with coeliac disease.

(6) **Cerebral Palsy—Spastic Class.**

Children suffering from cerebral palsy who are in the special unit at the Open Air School inevitably have a severe degree of handicap. Consequently they are reviewed more than once a term, being seen at both paediatric and orthopaedic clinics. In addition, periodic case conferences are held at which the Paediatrician, School Medical Officer, Physiotherapist, Head Teacher and, possibly, Educational Psychologist are present. Not only are these conferences necessary to assess progress and ensure adequate provision for the individual child in school, but several discussions may be needed before decision can be reached as to the most suitable placement for the child on leaving the school.

There were nine children in the spastic class at the beginning of 1960. One eleven-year-old girl left in January to go to a residential special school. With the admission of two boys, aged $4\frac{1}{2}$ and $6\frac{1}{2}$ years, there have been ten pupils on the register during the Autumn term.

Permission has been granted a girl, due to leave school in December at 16 years of age, to remain at the Open Air School during 1961. Although on the spastic class register, she attends a class in the main section of the school for most lessons.

Where possible, children in the spastic unit participate in activities with the rest of the school. Thus, two girls and one boy attend for cookery lessons, while two girls join the needlework classes. Two of the boys have informal instruction in gardening.

The twice-weekly visits to the swimming baths are of special value to spastic children. The experience of greater facility of movement in water does much to increase their confidence. Together with a few other cerebral palsied pupils in the Open Air School, five children from the spastic class attend the baths. Four of them can swim alone, three having gained their ten yards swimming certificate during the year.

(7) Other Cerebral Palsied Children.

Fourteen children with handicaps less severe than those of other spastic pupils in the special class attend the Open Air School for physically handicapped pupils. Ten of these are Preston children. Other children with cerebral palsy are able to attend ordinary school.

(8) Employment for the Handicapped.

During each school term conferences are arranged to discuss suitable employment for the mentally and physically handicapped pupils due to leave school that term. These meetings are attended by the parent, Youth Employment Officer, Head Teacher and School Medical Officer, and are invaluable in ensuring that the school leaver is placed in a job within his or her capacity. All too frequently parents have a wrong conception of the child's handicap and capabilities. While some, being over-protective, underestimate ability, others fail to appreciate the great change in environment from the shelter of a special school to the rigours of employment.

For most of the physically handicapped pupils and some of the mentally handicapped form Y.9 is completed by the medical officer for the guidance of the youth employment officer. Where registration as a disabled person seems advisable, with the parent's consent form Y.10 is issued. The Medical Officer of Health is a member of the Ministry of Labour local committee for the employment of disabled persons.

Other Examinations.

The medical examination of candidates for teacher training colleges and of persons taking up teaching not directly from training colleges is a further duty of the school medical officers. During 1960, 40 candidates and three teachers were examined.

There were ten children in Preston whose final examination at the age of 14-15 years was undertaken by school doctors for the National Survey of the Health and Development of Children.

G. SPECIALIST CLINICS.

Hospital consultants for three specialities, diseases of the ear, nose and throat, paediatrics and orthopaedics, operate school clinics as extensions of the hospital out-patient service. The ophthalmic surgeons are employed directly by the local authority on a sessional basis.

Accommodation.

The ear, nose and throat and ophthalmic clinics are held at Saul Street Clinic. The clinic at the Open Air School is used for the paediatric and orthopaedic sessions ; a high proportion of pupils at this school attend at least one of these clinics.

At both Saul Street and the Open Air School clinics a clinic nurse is in attendance daily and may be required to undertake certain treatments ordered by consultant or school doctor. The facilities at the two clinics are fully adequate for the examinations and treatment undertaken.

(1) Ear, Nose and Throat Clinic.

The necessity for two sessions a week for the ear, nose and throat clinic is seen in the high incidence of E.N.T. defects. The clinic nurse carries out many local treatments for the consultant. Where tonsillectomy is indicated, steps are taken to ensure that, whenever possible, vaccination against poliomyelitis is given before listing for operation. A member of the School Health staff is responsible for undertaking any audiometry requested, using the pure-tone audiometer.

After every initial consultation, and subsequently if necessary, the child's own medical practitioner receives a short medical report.

There were 208 school children referred to the clinic during 1960 for the following conditions :

Enlargement or infection of tonsils and adenoids	87
Disease of the ears	30
Defective hearing	35
Nasal catarrh	21
Other conditions	35
	<hr/>
	208

Details of the work done at the clinic are given in Table 107 on page 175.

(2) Ophthalmic Clinics.

In addition to the two part-time ophthalmic surgeons, one of the school medical officers, Dr. Dowling carries out a proportion of the refraction work. Three sessions a week are devoted to refraction, while the special eye clinic, held once a fortnight, is reserved for cases of squint and other eye defects.

Glasses broken, lost or never worn are a constant source of irritation to the school doctor or nurse who strive, often in vain, to secure the co-operation of child and parents. Many boys and girls are more concerned at their appearance, what others can see, than what they themselves can see. In the case of broken glasses, the issue at the School Health office of the required repair form is certainly no guarantee that the glasses will be repaired and then worn.

In certain cases, *e.g.* severe myopia, where it is essential to ensure that the child is never without glasses, a recommendation for the issue of a duplicate pair may be made by the ophthalmic surgeon. Application is made to the Local Education Authority for the cost of this provision.

When corrective exercises for squint are advised the services of the hospital orthoptist are available. Where operative repair for squint appears indicated cases are referred from the special eye clinic either directly to the hospital ophthalmic out-patient department or through the general practitioner. A report on every child seen by one of the ophthalmic surgeons is sent to his or her doctor after the first attendance.

Table 108 on page 175 shows the numbers dealt with at the ophthalmic clinics during the year.

(3) Paediatric Clinic.

Good liaison is maintained with the hospital paediatric department. One of the school medical officers, Dr. McLean, who holds the appointment of clinical assistant, attends the paediatric clinic which is held once a fortnight at the Open Air School, in addition to assisting once a week at one of the hospital out-patient sessions. A health visitor attends the Preston Royal Infirmary four times a week for paediatric out-patient sessions and ward rounds. Copies of all reports from the Paediatrician to general practitioners are sent to the Medical Officer of Health. These are appreciated as they ensure that the school medical officer is

kept informed of investigations carried out and recommendations made for treatment. The opinions expressed are of particular value in the assessment of children for special education.

Cases dealt with at the paediatric clinic totalled 189 during the year and were classified as follows :

Asthma and associated conditions	...	...	23
Bronchitis and bronchiectasis	...	...	21
Cardiac lesions	...	...	10
Cerebral palsy	...	...	24
Coeliac disease	...	...	1
Enuresis	...	...	12
Epileptiform attacks	...	...	12
Obesity	...	...	29
Rheumatism	...	...	3
Other conditions	...	...	54

(4) Orthopaedic Clinic.

The orthopaedic clinic continued to be held once a month at the Open Air School. With the retirement of a physiotherapist in May, 1960, only one remained to continue a physiotherapy service. The majority of her cases are pupils at the Open Air School where daily physiotherapy sessions are held. Partly because of this shortage of physiotherapists, 36 (25%) of the school children who were attending the orthopaedic clinic were transferred during the year to the Royal Infirmary Out-Patients Department where the appropriate remedial therapy could be provided.

The various defects dealt with at the orthopaedic clinic during the year are as follows :

Congenital deformities	...	...	29
Other deformities	...	...	91
Cerebral palsy	...	...	15
Post-poliomyelitis paralysis	...	...	7
Inflammatory lesions	...	...	3
Tuberculosis of bone	...	...	1
Erb's palsy	...	...	1
Haemophilia	...	...	1
			<hr/> 148 <hr/>

(5) Audiology Clinic.

A clinic for the ascertainment of suspected hearing loss in pre-school children was established in October, 1959, and a few children of school age have incidentally been seen at it. Details of the operation of the clinic are given on page 29 of the Annual Report of the Medical Officer of Health.

D. SCHOOL DENTAL SERVICE.

The Senior Dental Officer, Mr. A. Kershaw, has kindly contributed the following remarks on the work of the School Dental Service for the year, 1960 :

For the greater part of the year, the man-power situation has been the Senior Dental Officer, one full-time officer and either one or two part-time officers. The clinics operated have been North Road, Saul Street, Cuttle Street and Eldon Street.

Routine school inspections have been increased during the year compared with 1959. These have revealed an encouraging trend, namely that more children are attending for conservative treatment, especially in the teen-age group.

Full use has been made of the part-time services of the Orthodontist and the Consultant Anaesthetist.

The annual figures are as shown in Table 103 in the Appendix.

E. ANCILLARY SERVICES.

(1) Physiotherapy.

Sessions for physiotherapy at Saul Street and Manchester Road Clinics ended in May, 1960, with the retirement of Miss Manning. For the remainder of the year there was very limited provision for children attending ordinary schools since treatment of handicapped pupils at the Open Air School largely occupied the time of the physiotherapist in attendance there.

Regular sessions for artificial sunlight therapy have been maintained throughout the year at the Open Air School and during the first four months at Manchester Road Clinic.

Recommendations for physiotherapy are made either by a school medical officer or by the Consultant Orthopaedic Surgeon.

Altogether 314 school children had remedial exercises and 65 artificial sunlight during 1960.

(2) Speech Therapy.

Accommodation for speech therapy is provided at Saul Street Clinic. Due to the resignation of Mrs. Ingham, in October, 1960, and the fact that the services of a full-time speech therapist have not been available since May of this year, the speech therapy service has been drastically curtailed. Since her appointment as part-time speech therapist in August, 1960, Mrs. Wight has held two three-hour sessions per week. She has kindly contributed the following comment :

At the beginning of 1960, 60 children were receiving speech therapy. During the year 50 children were accepted for treatment and at the close of the year 22 were receiving treatment. While 62 children were discharged during the year, there were 137 on the waiting list in December, 1960.

In view of the greatly reduced service an endeavour has been made to treat only those children who would benefit rapidly from treatment, or those who would deteriorate most seriously without it. Children of low intelligence, long term cases and irregular attenders have for the most part been suspended. No school visits have been possible during the last six months, but it is obvious from telephone conversations with teachers that much work could be done in the schools were this possible. There is more interest on the part of both teachers and parents in speech problems and a growing awareness of the need for specialist help. The majority of children attending for speech therapy are drawn from the primary schools, though pre-school children are being increasingly referred, and much help can be given to the parents in dealing with speech problems at this stage. Surgical cases, *e.g.*, cleft palate, are also usually referred very early.

Most children suffering from cerebral palsy in this area are not receiving speech therapy at present. Ideally speech therapy and physiotherapy need to be linked in these cases and children need frequent and intensive treatment to be of any real value as they are almost always long term cases. Prior to the reduction in the service regular visits to the Open Air School provided speech therapy for cerebral palsied children and others with multiple handicaps. It is regrettable that meantime this provision has had to be discontinued.

Some partially deaf children have been treated for speech defect and children have been referred from the speech clinic to the ear, nose and throat clinic. The facility for preliminary audiometry in doubtful cases is most helpful.

The majority of cases seen in the clinic can be divided into dyslalics and stammerers, in the ratio of 3 : 1 in favour of stammerers. There appears to be the usual preponderance of males over females in referred cases in this area, generally taken to indicate the lower verbal ability and greater liability to stress symptoms in the boy. In the years 1956-60 of 230 children referred 167 were boys and only 63 were girls. This is particularly noticeable in the case of stammerers where approximately 80% are male. In the case of adolescents and young adults this may rise as high as 95% of referred cases.

It is felt that a good deal of prophylactic work could be done in these cases. Direct treatment may be of only limited value where the stammerer is subjected to many outside pressures. Advice and suggestions are given to parents and teachers wherever possible, but a good deal of public education will be required before the stammerer's problems are alleviated. As stammerers make up approximately three-eighths of referred cases this is an urgent problem.

It is to be hoped that with the opening of the Elizabeth Gaskell College in Manchester the extreme shortage of speech therapists in the north will be alleviated and that with the increasing demand for speech therapy will come even better conditions and co-operation between those who have to deal with speech problems in children.

F. MINOR AILMENT TREATMENT.

Treatment of minor ailments is available to all school children either within the school itself or at a nearby clinic.

The improvement in the physique of the school child on the one hand and the availability of treatment under the National Health Service on the other are probably both factors in the diminished need for this service.

Most attendances at the treatment clinics are for cuts, bruises and other minor injuries, many of which could be dealt with by the teachers using the first aid boxes provided in school. Trivial or even imaginary complaints may be used as pretexts for leaving class to attend the clinic.

In addition to the treatment provided periodically within certain schools, the following four clinics provide for groups of schools as follows :

(1) **Open Air School Clinic.**

This serves the Special Schools for physically handicapped and educationally subnormal pupils. The daily attendance of the clinic nurse here is necessary to ensure that pupils on treatment receive their medicines as prescribed ; to supervise postural drainage and other treatments ordered by consultant or school doctor and to assist at the various medical clinics.

(2) **Barlow Street Clinic.**

This centre is open daily, Monday to Friday, for a half-day session. It serves the following four schools : English Martyrs' Secondary and Primary Schools ; Emmanuel Mixed and Infants Schools.

(3) **Cuttle Street Clinic.**

Treatment is available here every morning, Monday to Friday, for the following four schools : St. Joseph's Mixed and Infants' Schools ; St. Matthew's Mixed and Infants' Schools.

(4) **Manchester Road Clinic.**

Two morning sessions each week are held here for the pupils in the three St. Augustine's Schools for Boys, Girls and Infants.

Table 106 in the Appendix gives details of the number and nature of the conditions treated at minor ailment clinics during the year. There has been a continuation of the steady decline in the number of cases of impetigo attending for treatment ; for the seventh consecutive year no cases of ringworm of the scalp were seen, while only three children with body ringworm were treated. Other skin conditions, however, accounted for an exceptionally large number of children attending for treatment this year. During the autumn term 58 children received treatment for plantar warts. To determine the true incidence of plantar warts in Preston school children it is proposed to carry out a foot survey during 1961.

G. PREVENTION OF INFECTION.

Immunisation against certain infectious diseases is available to the school child. If, on entry to school, the child has not been immunised against diphtheria and whooping cough, or vaccinated against poliomyelitis, the importance of these procedures is stressed to the parent and consent obtained where possible.

(1) Diphtheria/Whooping Cough Immunisation.

The previously immunised child receives reinforcing doses of diphtheria and/or whooping cough prophylactic during the first year in school and of diphtheria prophylactic alone at eleven years of age. Immunisation sessions are not held specifically for the school child.

(2) Poliomyelitis Vaccination.

During 1960, many school children, following the extensive campaign in 1959, were due for their third poliomyelitis vaccination injections. To facilitate this, sessions were held in many schools and clinics.

(3) B.C.G. Vaccination.

B.C.G. vaccination of 13-year-old children is undertaken in Preston twice a year. Efforts were made in the autumn term, 1960, to secure a greater consent rate for this procedure. Head teachers co-operated in obtaining a higher return of completed consent forms, while a further letter from the Medical Officer of Health was sent to parents of children for whom no form had been returned. Where necessary health visitors called at the home. The result of these efforts was a rise in the percentage of consents from 56% in the spring term to 79% in the autumn term.

Prior to vaccination, tuberculin testing using Heaf's multiple puncture method is undertaken. Those negative to the test are given B.C.G. by intradermal injection. The freeze-dried vaccine is now used, the longer storage possible with this vaccine being an advantage.

Those who react strongly to the initial testing (grades 3 and 4) and who have not previously been given B.C.G. vaccination are referred to Walton's Parade Chest Clinic for investigation, together with other members of their households.

(4) Tuberculosis in Schools.

During 1960 there were four notified cases of tuberculosis among school children in four different schools. Investigation of school and home contacts was carried out. Below are shown the details of the four cases.

(1)	Male	...	12 years	...	pulmonary T.B.
(2)	Female	...	17 years	...	pulmonary T.B.
(3)	Female	...	13 years	...	miliary T.B.
(4)	Female	...	12 years	...	pulmonary T.B.

In none of the four instances did the investigation of contacts reveal a further case of tuberculosis.

H. HEALTH EDUCATION.

Formal health education for school children by lecture or discussion group has only been used in Preston hitherto to a limited extent. Advice to individual pupils at medical inspections by school doctor or nurse is frequently undertaken. Leaflets have been issued to school leavers giving advice on healthy living. Poster displays on health subjects have been arranged in school clinics.

In three schools, Preston Grammar School, Trinity County Secondary, and St. Ignatius' Boys' School, the film "Facts and Figures—smoking and lung cancer" was shown during the year. In each instance, following the film, a talk was given by one of the school doctors and questions were answered.

I. OTHER PROVISION.

(1) Convalescent Home.

The Preston School Children's Fund provided a convalescent holiday for 233 children during 1960 at Thomas Parkinson House, St. Annes. These children required preliminary examination by the school doctors. The majority spent two weeks there, but 24 children remained for three weeks ; only one child stayed for one week.

With the lessened severity of many of the diseases of childhood because of modern treatment, debility following acute illness is now less commonly the reason for recommending a period of convalescence. More often children qualify for this holiday to-day on account of debility, the result of an inadequate home environment.

(2) Physical Education.

There is no doubt that the greater scope for physical education in schools has done much to promote physical fitness. Emphasis on free expression and the incorporation of many outdoor activities in the curriculum have helped in the correction of both physical and psychological defect. The school medical officers advise where any restriction of physical activities is indicated. There is, however, more occasion for persuading over-anxious parents of the benefits of this training.

I am indebted to Mr. Tuson, the Chief Education Officer, for the following note regarding the provision of facilities for physical education. :

The opening of St. Bernard's R.C. Junior School in September, 1960, added a further stage to the development of the school building programme in the west of the town. Improvement of conditions in schools is leading to a broader pattern of physical activity with all age-groups.

Rebound Tumbling is now being included in some Secondary Schools and is proving to be a fascinating and worthwhile part of the all-round development of senior children.

At Penwortham Holme Playing Field a new pavilion was opened during 1960 and now affords changing accommodation, shower baths and tea room facilities for young people of school age and beyond. The increased demand for the use of the playing field is proof of the value of such a venture.

(3) **School Meals and Milk-in-Schools Scheme.**

The Chief Education Officer has kindly furnished the following information :

On an average, slightly less than half of the school children in Preston take school dinners, and threequarters of them drink a bottle of milk at school.

School Meals.

The School Meals service provides milk, dinners and teas. Teas and breakfasts are taken at Stoneygate Nursery School, and light mid-morning lunches at the Open Air School. During the summer 5,136 packed dinners and 3,608 packed teas were supplied to schools going out on educational visits. At Christmas 11,446 party teas were provided for school parties.

A total of 58 dining centres catered for dinners during the year. A summary of the findings of three surveys carried out gives the number of children taking dinners on three normal school days :

February, 1960 ...	...	8,749
June, 1960 ...	...	8,804
September, 1960 ...	...	9,197

The total number of dinners supplied during the year were 2,004,899.

Milk-in-Schools Scheme.

During the year 3,075,930 bottles of milk were consumed ; 2,831,708 in Maintained Schools, and 244,222 in Non-maintained Schools, representing a daily average of 15,409.

APPENDIX—STATISTICAL DATA

Table 101.

Cost of School Health Service 1960/61.

Expenditure	...	...	...	...	...	...	...	...	£39,688
Income	...	...	...	...	...	...	...	...	£1,101
Net expenditure	...	...	...	...	...	...	...	...	£38,587

Table 102.

Physical Condition of Children seen at Periodic Medical Inspections.

Age groups inspected (By year of birth)	No. of pupils inspected	Physical condition of pupils inspected			
		Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	254	253	99.6	1	0.4
1955	749	749	—	—	—
1954	729	727	99.7	2	0.3
1953	82	82	—	2	0.25
1952	68	68	—	—	—
1951	51	51	—	1	2.39
1950	58	58	—	—	—
1949	1,744	1,744	—	—	—
1948	87	87	—	—	—
1947	475	475	—	—	—
1946	540	540	—	—	—
1945	1,383	1,382	99.93	1	0.07
1944 and earlier	—	—	—	—	—
Total	6,220	6,216	99.94	4	0.06

Table 103.
Defects found at periodic or at special inspections.

Defect or Disease	Periodic Inspections		Special Inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	126	147	30	11
Eyes (a) Vision	624	251	141	33
(b) Squint	129	54	15	5
(c) Other	12	25	12	4
Ears (a) Hearing... ..	33	61	30	69
(b) Otitis Media	25	67	13	4
(c) Other	55	55	42	5
Nose or Throat	126	354	66	52
Speech	17	79	36	13
Lymphatic Glands	5	90	1	3
Heart	6	61	—	5
Lungs	31	191	8	18
Developmental (a) Hernia	6	2	—	3
(b) Other... ..	6	67	7	6
Orthopaedic (a) Posture	28	135	3	9
(b) Feet	64	284	18	16
(c) Other... ..	47	119	11	18
Nervous system (a) Epilepsy	6	22	—	—
(b) Other	6	56	3	4
Psychological (a) Development	8	32	3	2
(b) Stability	10	51	6	9
Abdomen	2	25	1	3
Other... ..	46	193	46	41
Total	1,418	2,421	492	333

Table 104.
Dental Inspection and Treatment.

1.	Number of pupils inspected by the Authority's Dental Officers—						
	(a)	Periodic Age Groups	...	...	...	...	9,802
	(b)	Specials	...	...	...	...	820
						Total	10,622
2.	Number found to require treatment						6,802
3.	Number offered for treatment						5,510
4.	Number actually treated						2,005
5.	Attendances made by pupils for treatment						5,362
6.	Half-days devoted to :						
	(a)	Inspections	...	...	...	...	80
	(b)	Treatment	...	...	...	...	937
		Total (a) and (b)	...	...	...	...	1,017
7.	Fillings :						
	Permanent Teeth						3,205
	Temporary Teeth						728
		Total	...	...	...	...	3,933
8.	Number of Teeth filled :						
	Permanent Teeth						2,527
	Temporary Teeth						611
		Total	...	...	...	...	3,138
9.	Extractions :						
	Permanent Teeth						608
	Temporary Teeth						1,477
		Total	...	...	...	...	2,085
10.	Administration of general anaesthetics for extraction						722
11.	Other operations						
	Permanent Teeth						2,545
	Temporary Teeth						693
		Total	...	...	...	...	3,238
12.	Orthodontics						
	(a)	Cases commenced during the year	...	...	...	...	11
	(b)	Cases carried forward from previous year	...	...	...	...	44
	(c)	Cases completed during the year	...	...	...	...	13
	(d)	Cases discontinued during the year	...	...	...	...	2
	(e)	Pupils treated with appliances	...	...	...	...	36
	(f)	Removable appliances fitted	...	...	...	...	19
	(g)	Fixed appliances fitted	...	...	...	...	3
	(h)	Total attendances	...	...	...	...	246
13.	Number of pupils supplied with artificial dentures						5

Table 105.
Disposition of Handicapped Pupils at the end of the Year.

Classification	Total No.	Special School		Home Teaching	Ord. School	No School	Having speech therapy
		Day	Resid.				
Blind	1	—	1	—	—	—	—
Partially sighted	2	1	—	—	—	1	—
Deaf	16	—	14	—	—	2	—
Partially deaf	45	—	12	—	32	1	1
Educationally subnormal	99	94	3	—	1	1	—
Epileptic	3	1	2	—	—	—	—
Maladjusted	10	1	1	1	7	—	—
Physically handicapped ...	53	41	5	3	—	4	—
Delicate	97	87	2	7	—	1	—
Speech defect	148	—	—	—	148	—	21
Total	474	225	40	11	188	10	22

Table 106.
Minor Ailments Treated (excluding uncleanness).

							Number of Defects treated, or under treatment during	
							1959	1960
SKIN—								
Ringworm—Scalp—								
(i) X-ray treatment	...	...	...	...	...	—	—	—
(ii) Other treatment	...	...	...	...	...	—	—	—
Ringworm—Body	...	...	...	...	...	5	3	
Scabies	...	...	...	...	...	16	24	
Impetigo	...	...	...	...	...	234	199	
Other skin diseases	...	...	...	...	...	709	1,862	
EYE DISEASE—								
(External and other, but excluding errors of re- fraction, squint and cases admitted to hospital)	...	...	...	...	...	458	418	
EAR DEFECTS—								
(Excluding serious diseases of the ear, e.g., operative treatment in hospital, etc.)	...	...	...	...	...	309	303	
MISCELLANEOUS—								
(e.g., minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	...	14,186	15,066	
Total	...	...	...	...	...	15,917	17,875	
Total number of attendances at Authority's minor ail- ments clinics							32,395	34,950

Table 107.[illegible]

Table 108.

[illegible]

Table 109.
Work carried out at Paediatric Clinic.

Number of individual children attended	...	...	...	...	...	189
New cases	...	...	...	...	...	42
Re-inspections	...	...	...	...	...	380
Total attendances	...	...	...	...	...	422
Referred—X-ray	...	...	...	...	...	4
Admission to hospital	...	...	...	...	...	11
Other forms of treatment	...	...	...	...	...	20

Table 110.
Work carried out at Orthopaedic Clinic.

Number of individual children attended	...	...	...	...	...	148
New cases	...	...	...	...	...	29
Total number of attendances made	...	...	...	...	...	215
Number of children referred for treatment in hospital	...	...	...	...	...	1
Number of Surgical Appliances, e.g., boots, irons, etc., supplied through Centre	...	...	...	...	...	93
Number of children X-rayed	...	...	...	...	...	5
Number of children referred for Physiotherapy	...	...	...	...	...	45

Table 111.
Mental testing—Education Act, 1944, sections 34 and 57—
Children examined and reported upon.

Number deemed to be educationally subnormal	...	...	...	21	21
For admission to day special school for E.S.N.	...	...	...	21	
For admission to Residential School	...	...	...	—
Number deemed not to be educationally subnormal	...	...	...	10	10
Remain in ordinary school	...	...	...	3	
Remain in ordinary school with special tuition	...	...	...	7	
Classification postponed	...	...	...	...	8
Recommended special class for maladjusted children...	...	...	...	...	2
Referred to Child Guidance Clinic	...	...	...	...	3
*Number reported as ineducable—S 57(3)	...	...	...	...	12
*Number reported as needing supervision—S 57(5)	...	...	...	...	6
					—
					62
					—

* None reported under these headings subsequent to the operation of the Mental Health Act (1959) commencing 1st November, 1960.